

# **California Child and Family Services Review Santa Clara County System Improvement Plan**

## **Department of Family and Children's Services Social Services agency**

### **Background**

Pursuant to AB 636, effective January 2004, a new Child Welfare Services Outcome and Accountability System began operating in California. It focuses primarily on measuring outcomes in the areas of Safety, Permanence and Child and Family Well Being. The new system operates on a philosophy of continuous quality improvement, interagency partnerships, community involvement, and public reporting of program outcomes.

A principal component of the new system is the County Self Assessment. The Self Assessment is a focused analysis of data from the State of California Department of Social Services January 2004 report of the County's performance on State and Federal outcomes for the baseline measurement period from July 1, 2002 to June 30, 2003. Santa Clara County's initial Self-Assessment was completed in June 2004 and was conducted in partnership with public and private agencies and community members.

The County System Improvement Plan (SIP) follows the County Self Assessment in the California Child and Family Services Review process. The SIP is first developed in 2004, after the Self-Assessment, and updated on an annual basis. It serves as the operational agreement between the County and the State, outlining how the County will improve its system of care for children. Quarterly County Data Reports will be the mechanism for tracking the county's progress. The SIP includes milestones, timeframes and improvement targets. The Department of Family and Children's Services is responsible for developing and reporting on the SIP, but must consult representatives from a set of required stakeholders consistent with the Self Assessment.

## **I. System Improvement Plan Narrative**

### **A. Local Planning Bodies**

The Santa Clara County Social Services Agency, Department of Family and Children's Services conducted its Self-Assessment in partnership with public and private agencies and community members. Three large Community Dialogues were held between August 2003 and June 2004, with representation from community-based organizations, law enforcement, education, parents, foster parents, youth, the court, labor, elected officials, Child Advocates and County health and human services agencies. Smaller workgroups were formed to review and analyze data on each measure, discuss factors impacting each measure and identify strengths and areas for improvement.

To perform the assessment, the three workgroups analyzed outcome data in the categories of Safety, Permanency and Well Being. Workgroups were comprised of representatives from the arenas listed above. Findings were presented and discussed at the third Community Dialogue convened June 1<sup>st</sup>, 2004. Potential strategies for SIP inclusion were also identified at this meeting.

The Department utilized a similar community involvement process in the development of the System Improvement Plan. Workgroups consisting of Department of Family and Children's Services managers and staff, public and private agency staff, community members and labor union representatives were formed to review Self-Assessment findings and develop goals, strategies, milestones and timeframes to achieve improvement.

Over 200 persons participated in the development of the Self-Assessment and System Improvement Plans, representing the groups mentioned above. A listing of participant affiliations follows on page three.

## Self-Assessment and System Improvement Plan Participant Affiliations

<b><i>Governmental Agencies</i></b>	<b><i>Community/ Community Agencies</i></b>
Social Services Agency*	Child Abuse Counsel
Juvenile Probation Department	Social Advocates for Youth
Public Health Department	California Youth Connection
Mental Health Department	Parent Advocates
Alcohol and Drug Services	Biological Parents
Board of Supervisors	Child Advocates
Office of Congresswoman Zoe Lofgren	Foster Parents
San Jose Police Department	Foster and Adoptive Parent Association
County Counsel	Social Services Advisory Commission
District Attorney	Community Action Teams
County Office of Education	Mexican American Community Services Agency
	Latino Social Worker's Network
	Creative Solutions
	Lucille Packard Foundation
	Catholic Charities
	SEIU Local 535
	SEIU Local 535, Supervisor's Chapter
	Future Families
	Families First
	Gardner Family Care Corporation
	First 5 Santa Clara County
	Kids In Common
	EMQ Children and Family Services
	Resources for Families and Communities

\*Includes Foster Care Licensing and Adoptions

### **B. Findings that Support Qualitative Change**

Primary methodologies for data collection utilized in the Self-Assessment process were in-depth analysis of UC Berkeley data, internal queries, focus groups, interviews and case reviews.

#### Quantitative Analysis

i. An analysis of current data available through several sources was performed, most notably the University of California at Berkeley's Center for Social Sciences Research, URL: <http://cssr.berkeley.edu/CWSCMSreports>. A review of

quantitative data from a prior local research study was performed and is discussed below in Research Review.

Santa Clara County's data on the 14 state-mandated measures was retrieved and analyzed, whenever possible, in five different ways:

- Trends over time
- Comparison to three similarly situated counties<sup>1</sup> and the State of California
- By ethnic group
- By age
- By placement type

Results are included in Appendix A, Quantitative Self-Assessment Analysis

### Qualitative Analysis

#### *i. Community Dialogues*

Community Dialogues were held in August 2003 and March and June 2004.

- a. Target groups: Department of Family and Children's Services staff, public and private agencies and community members.
- b. Number of responses: 75
- c. Results: Results are included in Appendix B, Self-Assessment Addendum
- d. Integration into SIP: Community Dialogue groups identified areas for improvement and strategies for SIP inclusion. These strategies were distributed to SIP participants and served as the foundation for development of the SIP plan.

#### *ii. Focus Groups*

Workgroups consisting of public and private agency staff and community members were convened in the Self-Assessment process. Workgroups reviewed and analyzed data on each measure, discussed factors impacting each measure and identified strengths and areas for improvement. Workgroups were also convened to develop SIP plans.

- a. Target groups: Department of Family and Children's Services staff, public and private agencies and community members.
- b. Number of responses: 113
- c. Results: Results are included in Appendix B, Self-Assessment Addendum
- d. Integration into the SIP: Focus groups identified areas for improvement and strategies for SIP inclusion. These strategies were distributed to SIP participants and served as the foundation for development of the SIP plan.

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<sup>1</sup> The three comparison counties-Alameda, Orange and San Francisco-were selected for similarity in population size, ethnic group proportions, median household income, percent population foreign-born and rent as a percentage of household income.

SIP workgroups reviewed Self-Assessment findings and developed goals, strategies, milestones and timeframes to achieve improvement.

*iii. Interviews*

As part of the Self-Assessment process, individuals with specialized program knowledge were interviewed to obtain more detailed information on practice.

- a. Target groups: Individuals with specialized program knowledge.
- b. Number of Responses: 17
- c. Results: Results are included in Appendix B, Self-Assessment Addendum
- d. Integration into the SIP: Persons interviewed identified areas for improvement and strategies for SIP inclusion. These strategies were distributed to SIP participants and served as the foundation for development of the SIP plan.

Research Review

*i. San Jose State University Study*

In 2000, the Santa Clara County Social Services Agency contracted with the Child Welfare Research Team in the College of Social Work at San Jose State University to conduct a three-year study to further assess the disproportionate representation of children of color in the Department of Family and Children's Services. Methodology included case record reviews and key informant interviews. The closed case sample included reviews for cases closed between January 2000 and June 2001. Findings from the study were reviewed as part of the Self-Assessment process.

- a. Target groups: Cases closed between January 2000 and June 2001, Department of Family and Children's Services staff and families with child welfare system involvement
- b. Number of responses: 403 case reviews, 80 focus group participants and key informant interviews
- c. Results: Results are included in Appendix C, San Jose State University Study Findings
- d. Integration into the SIP: Quantitative and qualitative data were utilized to identify areas for improvement and potential improvement strategies.

**C. Self Assessment Summary**

Appendix D, Self-Assessment Summary.

## **II. System Improvement Plan Components**

<b>Outcome/Systemic Factor:</b> 2B: Child Abuse/Neglect Referrals with a Timely Response						
<b>County's Current Performance<sup>1</sup>:</b> Santa Clara County's performance on this measure for the July 1, 2002 to June 30, 2003 baseline measurement period was 90.5% for immediate response compliance and 76.9% for 10-day response compliance. Improved performance on this measure when the review methodology is case review may be an indication that data entry practices are impacting performance on this measure. In the Self-Assessment process, areas identified for improvement included data entry practices, policies and procedures, quality assurance and staff training.						
<b>Improvement Goal 1.0</b> Increase timely response from 90.5% to 92% on immediate response and from 76.9% to 90% on 10-day response within 24 months.						
<b>Strategy 1. 1</b> Improve the accuracy of CWS data entry				<b>Strategy Rationale</b> Significant differences in performance when the review methodology is case review suggests that data entry significantly impacts performance on this measure.		
Milestone	1.1.1	Develop policies and procedures for data entry	Timeframe	02.28.05 (5 months)	Assigned to	Department of Family and Children's Services
	1.1.2	Perform staff training		04.30.05 (7 months)		Department of Family and Children's Services
	1.1.3	Identify and monitor areas of non-compliance		09.30.05 (12 months)		Department of Family and Children's Services
<b>Strategy 1. 2</b> Improve quality assurance practices				<b>Strategy Rationale</b> By ensuring that uniform standards and procedures are adhered to, quality assurance will result in services that more closely meet performance requirements		
Milestone	1.2.1	Develop policies and procedures for routine monitoring of response activity by supervisors and managers (SafeMeasures)	Timeframe	01.30.05 (4 months)	Assigned to	Department of Family and Children's Services

<sup>1</sup> Due to ongoing efforts by the Center for Social Sciences Research to improve and revise methodologies for data collection, there may be changes in data points between reporting periods that reflect changes in methodology, not performance

	<b>1.2.2</b>	Implement monitoring system		04.30.05 (7 months)		Department of Family and Children's Services
	<b>1.2.3</b>	Identify and monitor areas of non compliance		07.30.05 (10 months)		Department of Family and Children's Services
<b>Improvement Goal 2.0</b> Assess and improve response and referral processes						
<b>Strategy 2.1</b> Assess and streamline referral and response processes				<b>Strategy Rationale</b> To develop efficient and consistent internal processes to maximize available response time.		
<b>Milestone</b>	<b>2.1.1</b>	Identify points of delay	<b>Timeframe</b>	01.30.05 (4 months)	<b>Assigned to</b>	Department of Family and Children's Services
	<b>2.1.2</b>	Assess current staffing patterns		03.30.05 (5 months)		Department of Family and Children's Services
	<b>2.1.3</b>	Develop standardized agency wide referral and response processes		05.30.05 (8 months)		Department of Family and Children's Services
	<b>2.1.4</b>	Perform staff training		08.30.05 (10 months)		Department of Family and Children's Services
<b>Describe systemic changes needed to further support the improvement goal.</b> <ul style="list-style-type: none"><li>• <u>Information Systems Factors:</u> The Self-Assessment identified a need for further clarification of policies and procedures for data entry.</li><li>• <u>Quality Assurance Practices:</u> Monitoring compliance with timelines for immediate and 10-day response will be necessary.</li><li>• <u>Training Factors:</u> The Self-Assessment identified a need for staff training on data entry, particularly for continuing workers.</li></ul>						
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> <ul style="list-style-type: none"><li>• Assistance from CDSS in developing standardized policies and procedures for CWS data entry.</li><li>• Additional staff to perform CWS training.</li><li>• Clarification from CDSS regarding response exceptions</li></ul>						
<b>Identify roles of the other partners in achieving the improvement goals.</b> CDSS is requested to develop standardized policies and procedures for CWS data entry.						
<b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> None						

<b>Outcome/Systemic Factor:</b> 2C: Timely Social Work Visits with the Child						
<b>County's Current Performance<sup>1</sup>:</b> Santa Clara County's performance on this measure for the April 1, 2003 to June 30, 2003 baseline measurement period was 71.8% for the month of April, 72.9% for the month of May and 74.0% for the month of June. Improved performance on this measure when the review methodology is case review may be an indication that data entry practices are impacting performance on this measure. In the Self-Assessment process, areas identified for improvement included data entry practices, policies and procedures and quality assurance.						
<b>Improvement Goal 1.0.</b> Increase the proportion of timely social work visits from 74% to 90% within 24 months.						
<b>Strategy 1. 1</b> Improve the accuracy of CWS data entry				<b>Strategy Rationale</b> Significant differences in performance when the review methodology is case review suggests that data entry significantly impacts performance on this measure.		
Milestone	1.1.1	Develop policies and procedures for data entry	Timeframe	02.28.05 (5 months)	Assigned to	Department of Family and Children's Services
	1.1.2	Perform staff training		04.30.05 (7 months)		Department of Family and Children's Services
	1.1.3	Identify and monitor areas of non-compliance		09.30.05 (12 months)		Department of Family and Children's Services
<b>Strategy 1. 2</b> Improve quality assurance practices				<b>Strategy Rationale</b> By ensuring that uniform standards and procedures are adhered to, quality assurance will result in services that more closely meet performance requirements		
Milestone	1.2.1	Develop policies and procedures for routine monitoring of visit activity by supervisors and managers (SafeMeasures)	Timeframe	01.30.05 (4 months)	Assigned to	Department of Family and Children's Services

<sup>1</sup> Due to ongoing efforts by the Center for Social Sciences Research to improve and revise methodologies for data collection, there may be changes in data points between reporting periods that reflect changes in methodology, not performance.



	<b>1.2.2</b>	Implement monitoring system		04.30.05 (7 months)		Department of Family and Children's Services
	<b>1.2.3</b>	Identify and monitor areas of non compliance		07.30.05 (10 months)		Department of Family and Children's Services
<b>Improvement Goal 2.0</b> Assess and improve social worker-child visit processes						
<b>Strategy 2.1</b> Assess and streamline visit processes				<b>Strategy Rationale</b> To develop efficient and consistent internal processes to maximize available time to perform visits.		
<b>Milestone</b>	<b>2.1.1</b>	Identify barriers	<b>Timeframe</b>	01.30.05 (4 months)	<b>Assigned to</b>	Department of Family and Children's Services
	<b>2.1.2</b>	Assess current staffing patterns		03.30.05 (6 months)		Department of Family and Children's Services
	<b>2.1.3</b>	Develop standardized agency wide visit process		05.30.05 (8 months)		Department of Family and Children's Services
	<b>2.1.4</b>	Perform staff training		08.30.05 (11 months)		Department of Family and Children's Services
<b>Strategy 2.2</b> Reduce social worker caseload				<b>Strategy Rationale</b> Reduced caseloads will afford social workers the opportunity to spend more time with families		
<b>Milestone</b>	<b>2.2.1</b>	Continue implementation of caseload reduction plan	<b>Timeframe</b>	03.30.05 (6 months)	<b>Assigned to</b>	Department of Family and Children's Services

**Describe systemic changes needed to further support the improvement goal.**

- Information Systems Factors: The Self-Assessment identified a need for further clarification of policies and procedures for data entry.
- Case Planning and Review Factor: Smaller caseload sizes will be necessary.
- Quality Assurance Practices: Monitoring compliance with timelines for visits will be necessary.
- Training Factors: The Self-Assessment identified a need for staff training on data entry, particularly for continuing workers.

**Describe educational/training needs (including technical assistance) to achieve the improvement goals.**

- Assistance from CDSS in developing standardized policies and procedures for CWS data entry.
- Additional staff to perform CWS training.

**Identify roles of the other partners in achieving the improvement goals.**

CDSS is requested to develop standardized policies and procedures for CWS data entry.

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.**

None

<b>Outcome/Systemic Factor:</b> First Entries: Overrepresentation of Children of Color						
<b>County’s Current Performance<sup>1</sup>:</b> Santa Clara County’s performance on this measure for the Calendar Year 2002 baseline measurement period was 2.2. per 1,000, well below the statewide average of 2.9 per 1,000. Although overall performance on the measure was strong, Children of African Ancestry and Latino children in Santa Clara County were overrepresented relative to their proportion in the general population. For the July 1, 2002 to June 30, 2003 baseline measurement period, 57% of all first entries into care for 5 days or more were Latino and 12% were children of African Ancestry. In the Self-Assessment process, areas identified for improvement on this measure included training for mandated reporters, less law enforcement presence at the initial investigation, more opportunities for Social Workers to implement preventive action without opening a referral, more prevention and diversion services for families and more effective comprehensive decision-making tools that provide clearer, more specific definitions of risk and danger.						
<b>Improvement Goal 1.0</b> Reduce the proportion of first entries into care for Latino children in the foster care system from 57% to 50% and the proportion of first entries for children of African Ancestry from 12% to 10%.						
<b>Strategy 1. 1</b> Select, implement and monitor utilization of a standardized decision-making tool				<b>Strategy Rationale</b> Standardized decision-making is a mechanism for achieving more uniform practice and accountability. In the Self Assessment process, a need for more consistency in decision-making was identified.		
Milestone	1.1.1	Research available culturally responsive strength based decision-making tools	Timeframe	12.30.04 (3 months)	Assigned to	Department of Family and Children’s Services
	1.1.2	Select tool and develop policy		02.28.05 (5 months)		Department of Family and Children’s Services
	1.1.3	Perform staff training		05.30.05 (8 months)		Department of Family and Children’s Services
	1.1.4	Implement standardized decision making tool		06.30.05 (9 months)		Department of Family and Children’s Services
	1.1.5	Evaluate to determine compliance and effectiveness		9.30.05 (12 months)		Department of Family and Children’s Services

<sup>1</sup> Due to ongoing efforts by the Center for Social Sciences Research to improve and revise methodologies for data collection, there may be changes in data points between reporting periods that reflect changes in methodology, not performance.

Strategy 1. 2 Increase utilization of differential response				Strategy Rationale Differential response provides community based options for families to receive services without entering the Child Welfare System.		
Milestone	1.2.1	Develop methodology for identifying families for diversion and differential response	Timeframe	12.30.04 (3 months)	Assigned to	Department of Family and Children's Services
	1.2.2	Identify needed services		06.30.05 (9 months)		Department of Family and Children's Services
	1.2.3	Develop case referral tracking and monitoring system		09.30.05 (12 months)		Department of Family and Children's Services
Strategy 1. 3 Increase awareness of child welfare system laws and practices				Strategy Rationale Educating mandated reporters will result in appropriate use of the child abuse reporting system		
	1.3.1	Provide mandated reporter training for community and CWS staff		04.30.05 (7 months)		Department of Family and Children's Services
Improvement Goal 2.0 Strengthen front-end practices that assist families to safely maintain children in their homes.						
Strategy 2.1 Assess practices and patterns				Strategy Rationale In depth knowledge of practices and patterns of removal will result in more relevant improvement strategies.		
Milestone	2.1.1	Develop data collection tools	Timeframe	12.30.04 (3 months)	Assigned to	Department of Family and Children's Services
	2.1.2	Collect data		06.30.05 (9 months)		Department of Family and Children's Services

<b>Strategy 2. 2</b> Increase utilization of joint decision-making practices				<b>Strategy Rationale</b> Use of joint decision-making empowers families to make necessary changes on behalf of their children		
Milestone	2.2.1	Gather and analyze data on use, frequency and outcomes for removal decisions	Timeframe	01.30.04 (4 months)	Assigned to	Department of Family and Children's Services
	2.2.2	Identify barriers to full utilization		06.30.05 (9 months)		Department of Family and Children's Services
<b>Strategy 2.3</b> Improve utilization of available resources				<b>Strategy Rationale</b> Improving utilization ensures families receive needed services		
Milestone	2.3.1	Identify barriers	Timeframe	02.28.05 (5 months)	Assigned to	Department of Family and Children's Services
	2.3.2	Perform staff training		06.30.05 (9 months)		Department of Family and Children's Services
<b>Describe systemic changes needed to further support the improvement goal.</b> <ul style="list-style-type: none"><li>• <u>Case Review and Planning Factors</u>: A more in-depth analysis of factors associated with removal for Latino children and children of African Ancestry is needed.</li><li>• <u>Service Array</u>: The Self-Assessment identified a need for more prevention and mental health services. More service options and improved access to preventive and supportive services are needed.</li><li>• <u>Training Factors</u>: The Self-Assessment identified a need for more training for mandated reporters. Social Worker training will be necessary to ensure full and consistent utilization of decision-making tools.</li></ul>						
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> <ul style="list-style-type: none"><li>• Assistance from CDSS in performing standardized decision-making training. Bay Area Academy will assist in developing training.</li></ul>						
<b>Identify roles of the other partners in achieving the improvement goals.</b> <ul style="list-style-type: none"><li>• A local care provider, Eastfield Ming Quong will assist in identifying early opportunities for intervention and best practices for differential response.</li><li>• CDSS is requested to assist in providing standardized decision making training. If CDSS is unable to assist, the Bay Area Academy will provide training.</li></ul>						
<b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> None.						

<b>Outcome/Systemic Factor:</b> 3F/3G: The Rate of Foster Care Re-Entry						
<b>County's Current Performance<sup>1</sup>:</b> Santa Clara County's performance on this measure for the July 1, 2002 to June 30, 2003 baseline measurement period was 13.3% on the federal measure and 14.4% on the state measure. In the Self-Assessment process, areas identified for improvement included service utilization, decision-making practices and more in-depth data analysis to identify client risk factors and agency practice patterns impacting this measure.						
<b>Improvement Goal 1.0</b> Reduce the rate of re-entry from 14.4% to 13% on the state measure within 24 months.						
<b>Strategy 1. 1</b> Assess practices and patterns				<b>Strategy Rationale:</b> In-depth knowledge of reunification practices and re-entry patterns will result in more relevant improvement strategies		
Milestone	1.1.1	Develop data collection tools	Timeframe	12.30.04 (3 months)	Assigned to	Department of Family and Children's Services
	1.1.2	Collect data		06.30.05 (9 months)		Department of Family and Children's Services
<b>Strategy 1. 2</b> Select, implement and monitor utilization of a standardized decision-making tool				<b>Strategy Rationale</b> Standardized decision-making is a mechanism for achieving more uniform practice and accountability. In the Self Assessment process, a need for greater consistency in decision-making was identified.		
Milestone	1.2.1	Research available culturally responsive, strength-based decision-making tools	Timeframe	12.30.04 (3 months)	Assigned to	Department of Family and Children's Services
	1.2.2	Select a tool and develop policy for utilization		03.30.05 (6 months)		Department of Family and Children's Services
	1.2.3	Perform staff training		05.30.05 (8 months)		Department of Family and Children's Services

<sup>1</sup> Due to ongoing efforts by the Center for Social Sciences Research to improve and revise methodologies for data collection, there may be changes in data points between reporting periods that reflect changes in methodology, not performance

	<b>1.2.4</b>	Implement standardized decision-making tool		06.30.05 (9 months)		Department of Family and Children's Services
	<b>1.2.5</b>	Evaluate to determine compliance and effectiveness		9.30.05 (12 months)		Department of Family and Children's Services
<b>Improvement Goal 2.0</b> Improve support for families and children.						
<b>Strategy 2.1</b> Improve utilization of available resources				<b>Strategy Rationale</b> Improved access to services will help ensure family stability and will assist in preventing re-entry to care		
<b>Milestone</b>	<b>2.1.1</b>	Identify barriers	<b>Timeframe</b>	02.28.05 (5 months)	<b>Assigned to</b>	Department of Family and Children's Services
	<b>2.1.2</b>	Perform staff training		06.30.05 (9 months)		Department of Family and Children's Services
<b>Strategy 2. 2</b> Increase the individualization of case planning				<b>Strategy Rationale</b> Individualized case plans will assist in meeting each family's unique needs and in connecting families to appropriate resources/services.		
<b>Milestone</b>	<b>2.2.1</b>	Identify strategies necessary to increase individualization	<b>Timeframe</b>	01.30.05 (4 months)	<b>Assigned to</b>	Department of Family and Children's Services
	<b>2.2.2</b>	Develop policies and procedures for Individualized case planning		05.30.05 (8 months)		Department of Family and Children's Services

Strategy 2.3 Increase utilization of joint decision-making practices.			Strategy Rationale Use of joint decision-making will provide the support and resources needed to enable families to maintain their children at home.			
Milestone	2.3.1	Gather and analyze data on use, frequency and outcomes for reunification and reentry decisions	Timeframe	01.30.05 (4 months)	Assigned to	Department of Family and Children's Services
	2.3.2	Identify barriers to full utilization		06.30.05 (9 months)		Department of Family and Children's Services
Describe systemic changes needed to further support the improvement goal. <ul style="list-style-type: none"><li>Information Systems Factors: Changes to the CWS case plan to allow for greater individualization of case plans and expanded language capacity are needed.</li><li>Case Review and Planning Factors: Improved parent assessments and more individualized case plans are needed.</li><li>Service Array: The Self-Assessment identified a need for more drug treatment and aftercare services.</li></ul>						
Describe educational/training needs (including technical assistance) to achieve the improvement goals. <p>Assistance from CDSS for standardized decision-making training is requested</p>						
Identify roles of the other partners in achieving the improvement goals. <ul style="list-style-type: none"><li>CDSS is requested to assist in providing standardized decision-making training, the Bay area Academy will assist in developing training.</li></ul>						
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. <p>For children over the age of three increase the maximum timeframe for family reunification services from 18 to 24 months, and for family maintenance services increase the maximum time frame from 12 to 18 months.</p>						



<b>Outcome/Systemic Factor:</b> 3B/3C: Multiple Foster Care Placements					
<b>County’s Current Performance<sup>1</sup>:</b> Santa Clara County’s performance on this measure for the July 1, 2002 to June 30, 2003 baseline measurement period was 82.4% on the federal measure and 48.8% on the state measure. Performance on the state measure has remained relatively stable over the past 5 years. In the Self-Assessment process, areas identified for improvement included supports for children in placement and their caregivers, identification of more specialized placement resources, youth participation in decision-making and quality assurance for caregivers.					
<b>Improvement Goal 1.0:</b> Increase the proportion of children with two or fewer placements within 12 months from 48.8% to 54% on the state measure within 24 months.					
<b>Strategy 1. 1</b> Assess practices and patterns				<b>Strategy Rationale</b> More in depth data analysis is required to support/drive recommendations and implementation plan.	
Milestone	1.1.1	Develop data collection tools	Timeframe	12.30.04 (3 months)	Assigned to Department of Family and Children’s Services
	1.1.2	Collect data		06.30.04 (9 months)	
<b>Strategy 1. 2</b> Increase utilization of joint decision-making practices.				<b>Strategy Rationale</b> Use of joint decision-making will offer better identification of relatives and other placement resources, and offers an opportunity for broader participation which leads to more appropriate placements.	
Milestone	1.2.1	Gather and analyze data on use, frequency and outcomes for placement decisions	Timeframe	01.30.04 (4 months)	Assigned to Department of Family and Children’s Services
	1.2.2	Identify barriers to full utilization		06.28.05 (9 months)	

<sup>1</sup> Due to ongoing efforts by the Center for Social Sciences Research to improve and revise methodologies for data collection, there may be changes in data points between reporting periods that reflect changes in methodology, not performance

<b>Strategy 1. 3</b> Increase efforts to find and place with relatives.			<b>Strategy Rationale</b> Early identification and placement with relatives will improve stability of placement, permanency outcomes and will strengthen cultural/linguistic ties.			
Milestone	1.3.1	Define role and function of relative finding unit	Timeframe	12.30.04 (3 months)	Assigned to	Department of Family and Children's Services
	1.3.2	Develop protocol between parties involved in family (relative) finding.		03.30.05 (6 months)		Department of Family and Children's Services
	1.3.3	Develop procedure with court systems to ensure early identification of relatives.		05.30.05 (8 months)		Department of Family and Children's Services
	1.3.4	Monitor and evaluate all family finding outcomes.		07.30.05 (9 months)		Department of Family and Children's Services
<b>Improvement Goal 2.0</b> Improve support for resource families and children in placement.						
<b>Strategy 2.1</b> Identify needs of resource families and children in placement.			<b>Strategy Rationale</b> Thorough understanding of children's and resource families' needs and concerns will assist in identifying and accessing needed services and resources.			
Milestone	2.1.1	Develop data collection tools	Timeframe	12.30.04 (3 months)	Assigned to	Department of Family and Children's Services
	2.1.2	Collect data		03.30.05 (6 months)		Department of Family and Children's Services

<b>Strategy 2. 2</b> Improve response to resource families in crisis.			<b>Strategy Rationale</b> Improved response will provide support for resource families in preserving placements.			
Milestone	2.2.1	Identify barriers	Timeframe	01.30.05 (4 months)	Assigned to	Department of Family and Children's Services
	2.2.2	Develop standardized agency wide response protocol		05.30.05 (8 months)		Department of Family and Children's Services
	2.2.3	Perform staff training		09.30.05 (12 months)		Department of Family and Children's Services
<b>Strategy 2.3</b> Improve utilization of available resources			<b>Strategy Rationale</b> Improved access to all available resources will assist to stabilize and preserve placements.			
Milestone	2.3.1	Identify barriers	Timeframe	02.28.05 (5 months)	Assigned to	Department of Family and Children's Services
	2.3.2	Perform staff training		06.30.05 (9 months)		Department of Family and Children's Services
<b>Describe systemic changes needed to further support the improvement goal.</b> <ul style="list-style-type: none"><li>• <u>Placement Resource Factors:</u> The Self Assessment identified a need to recruit more homes for children with special placement needs as well as increased support for resource families.</li><li>• <u>Service Array:</u> The Self-Assessment identified a need for mental health providers with expertise in issues effecting children in foster care, as well as improved access to mental health services.</li><li>• <u>Training Factors:</u> The Self-Assessment identified a need for required training for relative caregivers.</li></ul>						
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> <ul style="list-style-type: none"><li>• Training for relative caregivers.</li></ul>						
<b>Identify roles of the other partners in achieving the improvement goals.</b> <ul style="list-style-type: none"><li>• A community based organization will provide training to relative caregivers and training for staff and resource families on resource utilization.</li></ul>						
<b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> Increased financial support for relative caregivers.						

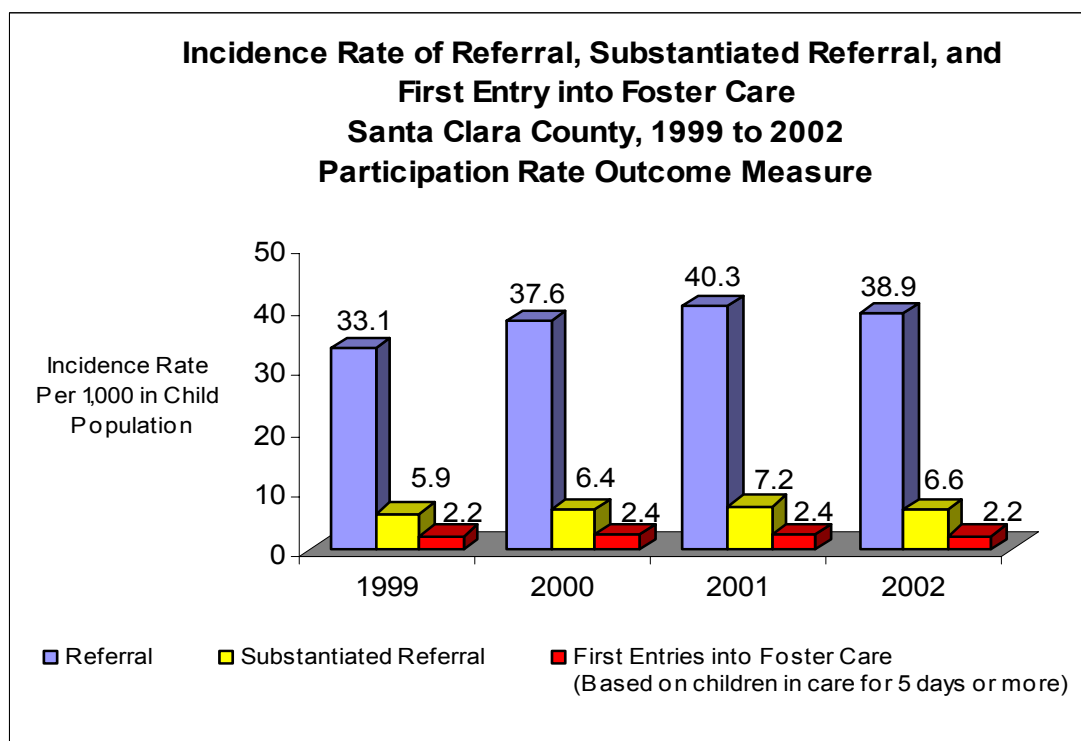
## APPENDIX A: QUANTITATIVE SELF-ASSESSMENT ANALYSIS

### 1. Comparison of Referrals, Substantiated Referrals, and First Entries in Santa Clara County

Referral, Substantiated Referral, and First Entry into Foster Care				
	1999	2000	2001	2002
<b>Referrals</b>	14,970	15,662	17,032	16,672
<b>Substantiated Referral</b>	2,646	2,685	3,055	2,839
<b>First Entry into Foster Care</b> (Based on children in care for 5 days or more)	973	1,020	1,030	933

Incidence Rate of Referral, Substantiated Referral, and First Entry into Foster Care (Per 1000 in county child population)				
	1999	2000	2001	2002
<b>Referral</b>	33.1	37.6	40.3	38.9
<b>Substantiated Referral</b>	5.9	6.4	7.2	6.6
<b>First Entry into Foster Care</b> (Based on children in care for 5 days or more)	2.2	2.4	2.4	2.2

**Chart 1**



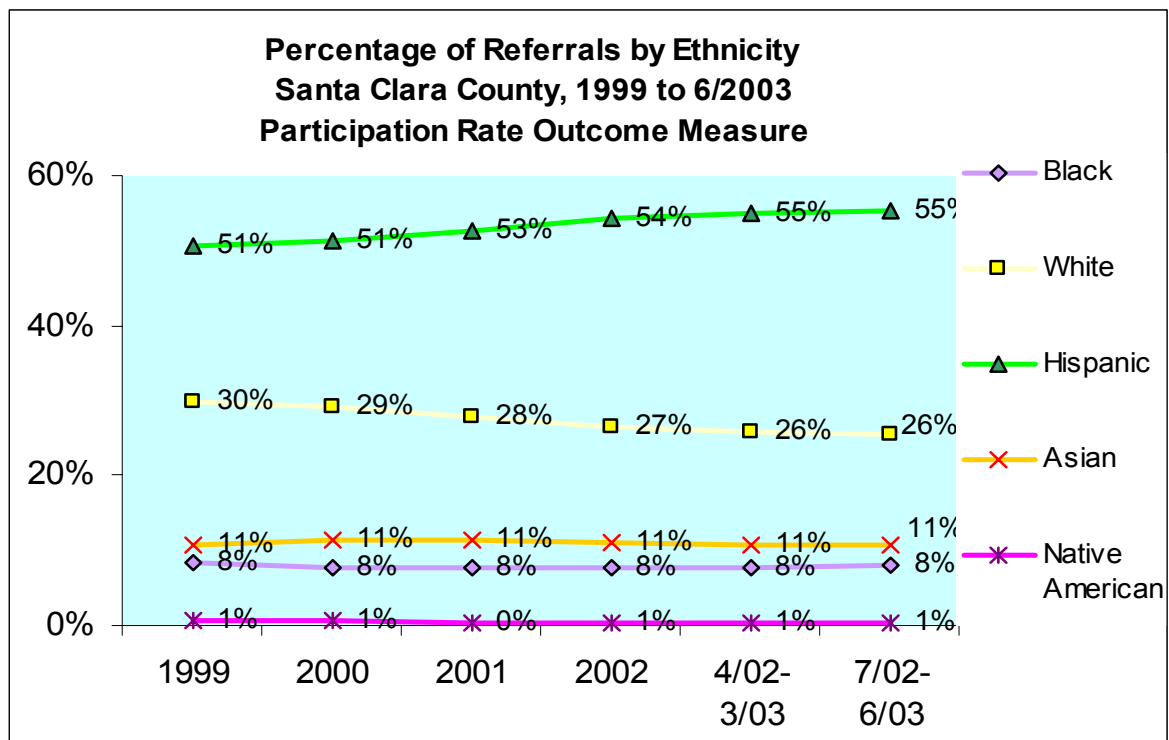
## 2A. Comparison of Referrals by Ethnicity in Santa Clara County

Number of Referrals by Ethnicity						
	1999	2000	2001	2002	4/02-3/03	7/02-6/03
Black	1,293	1,268	1,392	1,380	1,401	1,425
White	4,623	4,816	5,042	4,763	4,685	4,538
Hispanic	7,860	8,428	9,500	9,761	9,956	9,780
Asian	1,679	1,863	2,059	1,950	1,957	1,885
Native American	92	99	78	86	88	84
Total	15,799	16,660	18,313	18,158	18,328	17,945

(Total includes a small amount of cases with missing ethnicity coding.)

Percentage of Referrals by Ethnicity						
Ethnicity	1999	2000	2001	2002	4/02-3/03	7/02-6/03
Black	8%	8%	8%	8%	8%	8%
White	30%	29%	28%	27%	26%	26%
Hispanic	51%	51%	53%	54%	55%	55%
Asian	11%	11%	11%	11%	11%	11%
Native American	1%	1%	0%	1%	1%	1%
Total	100%	100%	100%	100%	100%	100%

Chart 2A



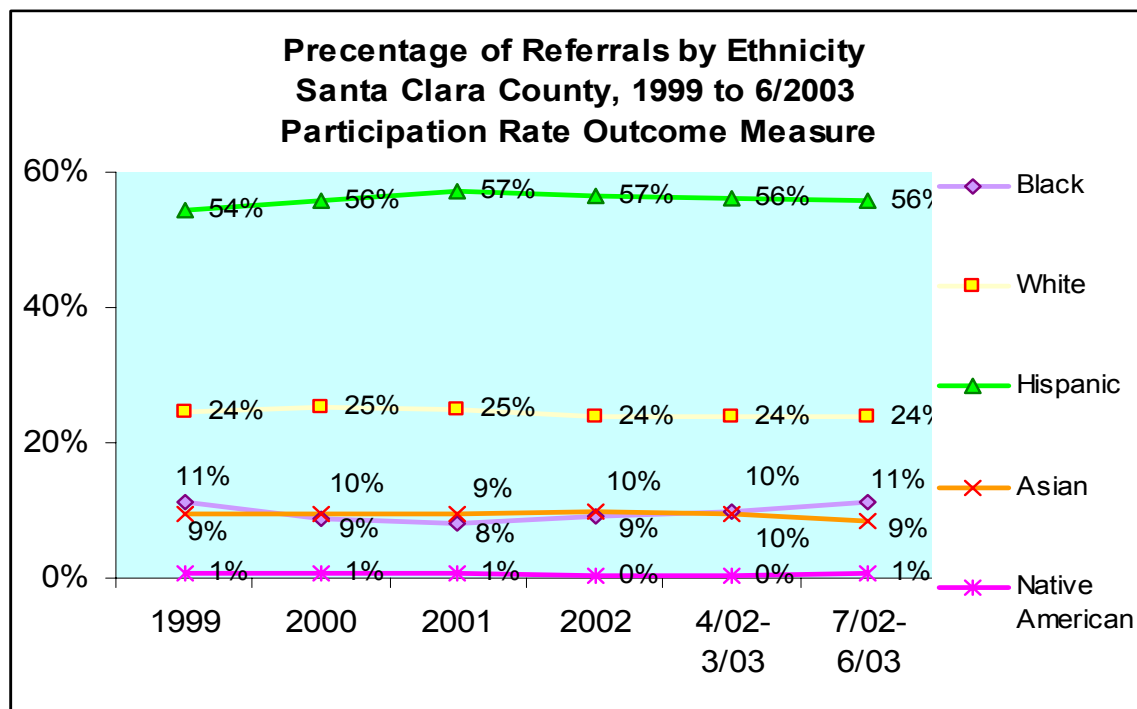
## 2B. Comparison of Substantiated Referrals by Ethnicity in Santa Clara County

Number of Substantiated Referrals by Ethnicity						
Ethnicity	1999	2000	2001	2002	4/02-3/03	7/02-6/03
Black	294	232	244	260	276	311
White	646	675	752	675	671	651
Hispanic	1,437	1,491	1,730	1,597	1,574	1,518
Asian	249	258	284	281	267	231
Native American	18	19	18	9	12	16
Total	2,652	2,687	3,057	2,841	2,825	2,752

(Total includes a small amount of cases with missing ethnicity coding.)

Percentage of Substantiated Referrals by Ethnicity						
Ethnicity	1999	2000	2001	2002	4/02-3/03	7/02-6/03
Black	11%	9%	8%	9%	10%	11%
White	24%	25%	25%	24%	24%	24%
Hispanic	54%	56%	57%	57%	56%	56%
Asian	9%	10%	9%	10%	10%	9%
Native American	1%	1%	1%	0%	0%	1%
Total	100%	100%	100%	100%	100%	100%

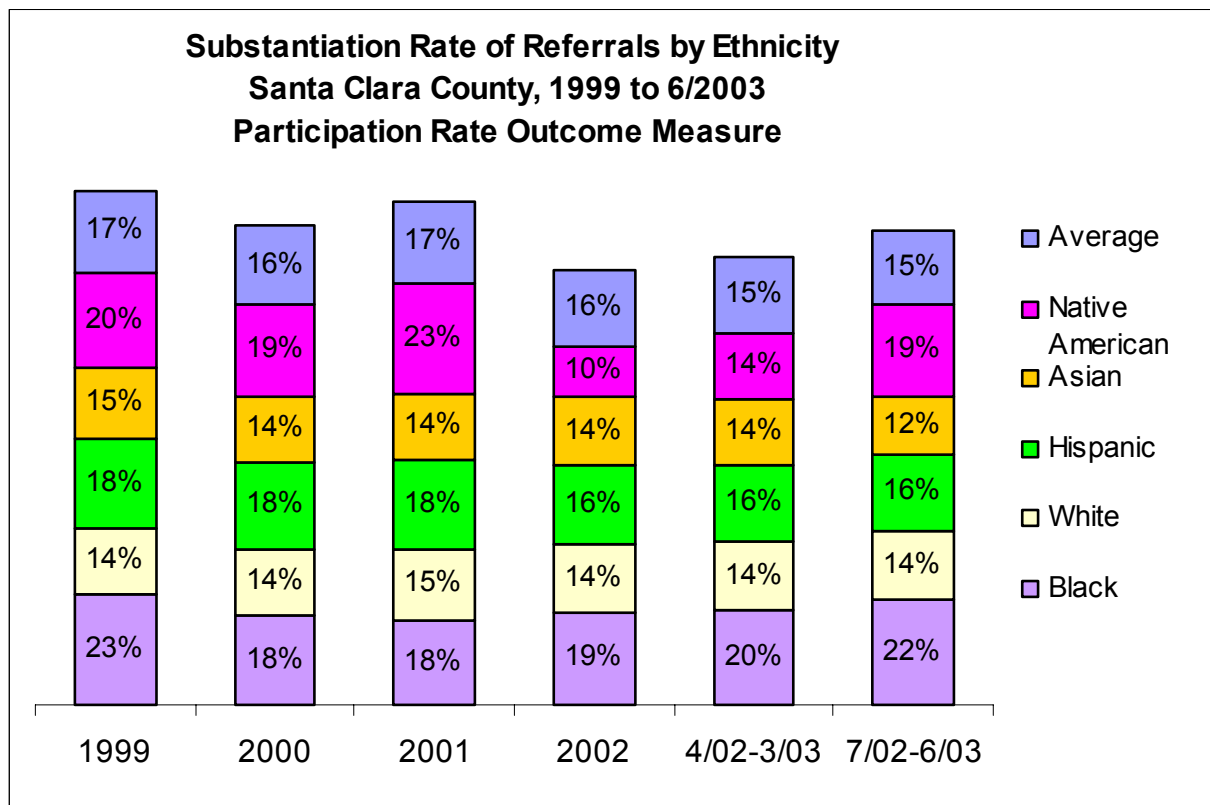
Chart 2B



**2C. Comparison of Substantiation Rate of Referrals by Ethnicity in Santa Clara County**

<b>Substantiation Rate of Referrals by Ethnicity (Percentage of substantiated referrals out of total referrals)</b>						
<b>Ethnicity</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>4/02-3/03</b>	<b>7/02-6/03</b>
<b>Black</b>	23%	18%	18%	19%	20%	22%
<b>White</b>	14%	14%	15%	14%	14%	14%
<b>Hispanic</b>	18%	18%	18%	16%	16%	16%
<b>Asian</b>	15%	14%	14%	14%	14%	12%
<b>Native American</b>	20%	19%	23%	10%	14%	19%
<b>Average</b>	17%	16%	17%	16%	15%	15%

**Chart 2C**

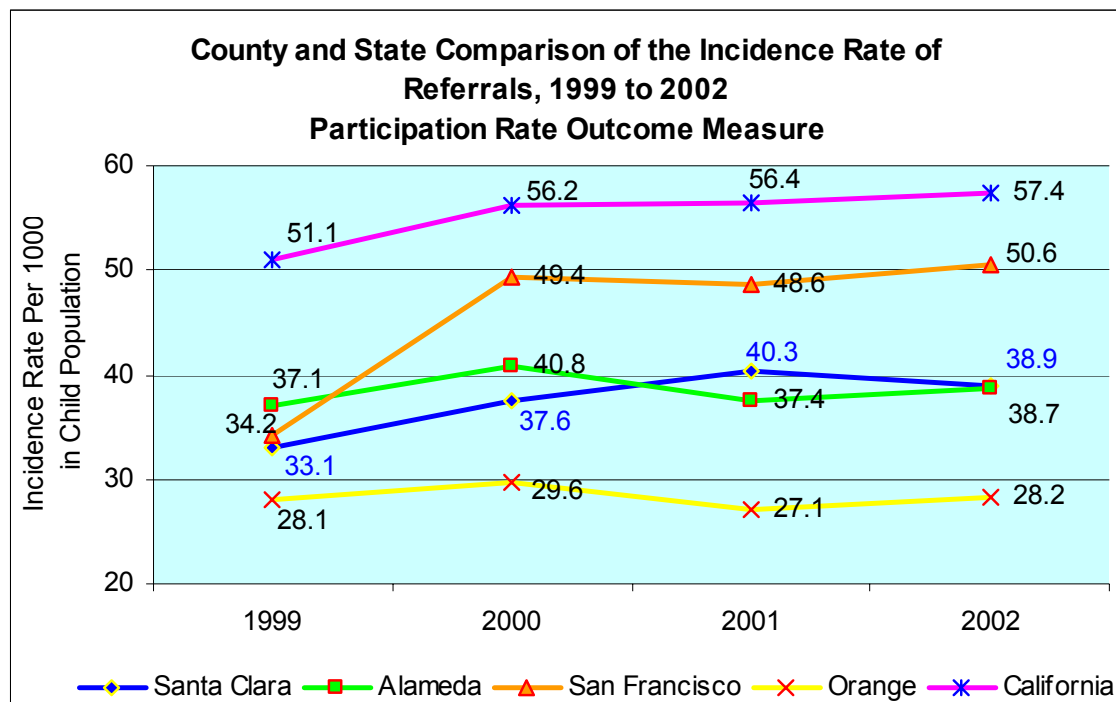


### 3A. County and State Comparison of the Number of Referrals

County and State Comparison of the Number of Referrals				
	1999	2000	2001	2002
<b>Santa Clara</b>	14,970	15,662	17,032	16,672
<b>Alameda</b>	14,080	14,471	13,414	14,018
<b>San Francisco</b>	5,165	5,575	5,565	5,871
<b>Orange</b>	22,081	22,750	21,092	22,201
<b>California</b>	490,280	519,527	528,034	544,739

County and State Comparison of the Incidence Rate of Referrals (Per 1000 in county/State child population)				
	1999	2000	2001	2002
<b>Santa Clara</b>	33.1	37.6	40.3	38.9
<b>Alameda</b>	37.1	40.8	37.4	38.7
<b>San Francisco</b>	34.2	49.4	48.6	50.6
<b>Orange</b>	28.1	29.6	27.1	28.2
<b>California</b>	51.1	56.2	56.4	57.4

Chart 3A



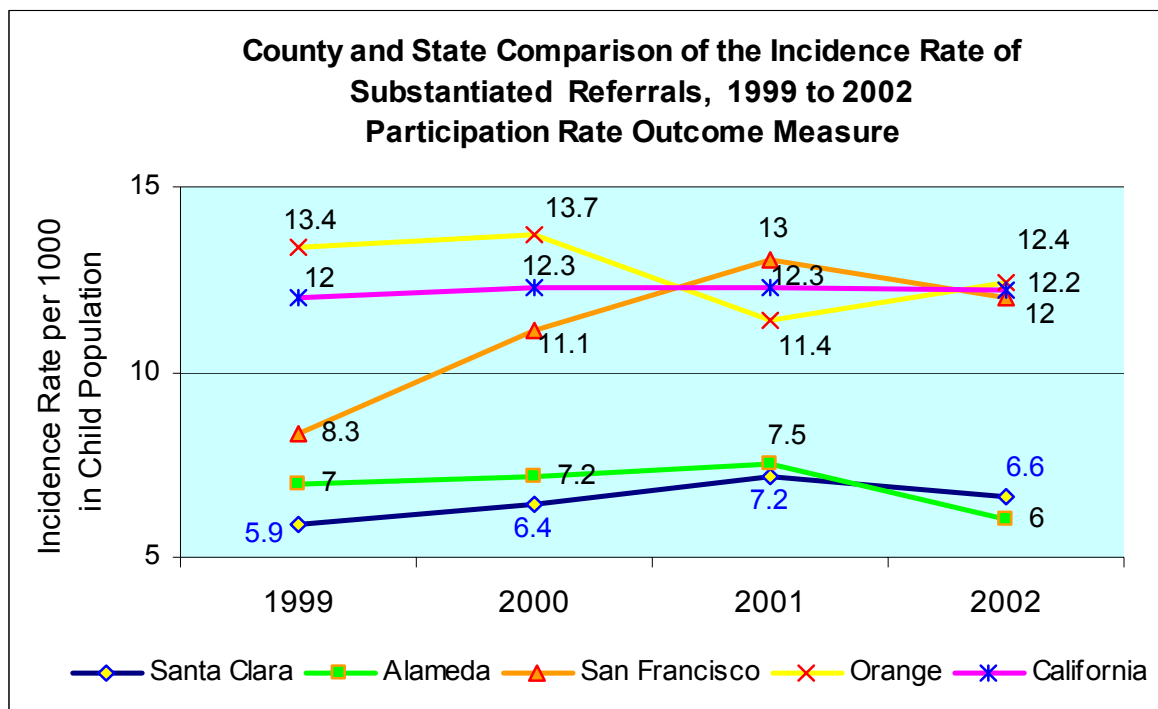


### 3B. County and State Comparison of Substantiated Referrals

County and State Comparison of the Number of Substantiated Referrals				
	1999	2000	2001	2002
<b>Santa Clara</b>	2,646	2,685	3,055	2,839
<b>Alameda</b>	2,654	2,562	2,702	2,168
<b>San Francisco</b>	1,259	1,257	1,485	1,386
<b>Orange</b>	10,569	10,494	8,886	9,734
<b>California</b>	115,164	113,975	115,151	115,600

County and State Comparison of the Incidence Rate of Substantiated Referrals (Per 1000 in county/State child population)				
	1999	2000	2001	2002
<b>Santa Clara</b>	5.9	6.4	7.2	6.6
<b>Alameda</b>	7	7.2	7.5	6
<b>San Francisco</b>	8.3	11.1	13	12
<b>Orange</b>	13.4	13.7	11.4	12.4
<b>California</b>	12	12.3	12.3	12.2

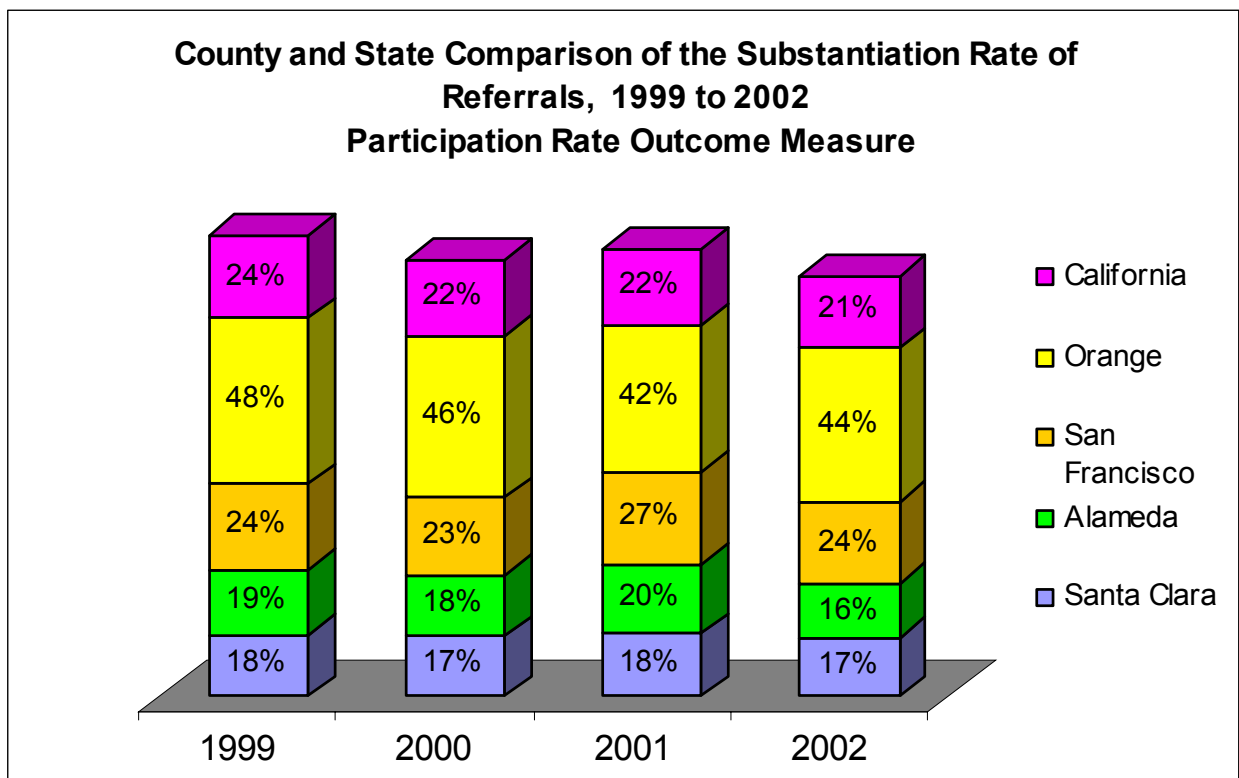
Chart 3B



### 3C. County and State Comparison of the Substantiation Rate of Referrals

County and State Comparison of the Substantiation Rate of Referrals				
	1999	2000	2001	2002
<b>Santa Clara</b>	18%	17%	18%	17%
<b>Alameda</b>	19%	18%	20%	16%
<b>San Francisco</b>	24%	23%	27%	24%
<b>Orange</b>	48%	46%	42%	44%
<b>California</b>	24%	22%	22%	21%

Chart 3C

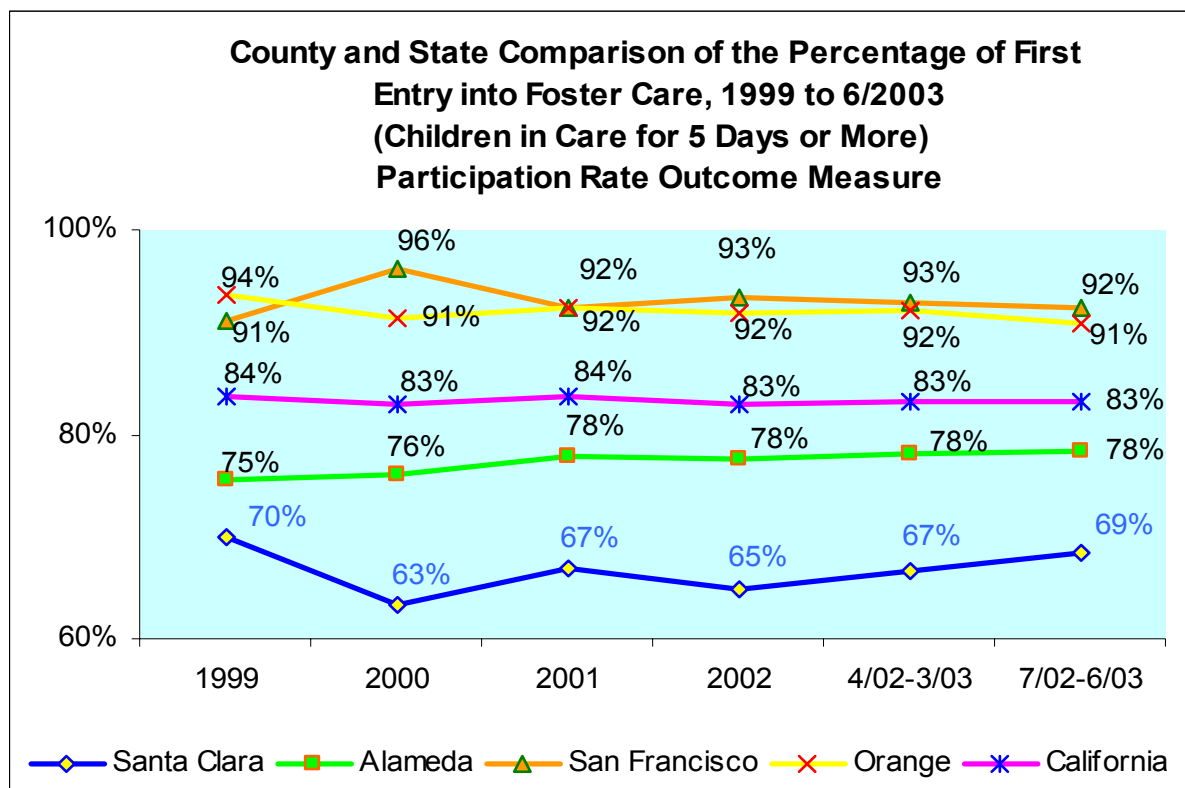


**4. County and State Comparison of First Entry into Foster Care**  
**(Children in Care 5 days or more)**

County and State Comparison of the Number of First Entry into Foster Care (Children in Care for 5 days or More)						
	1999	2000	2001	2002	4/02-3/03	7/02-6/03
<b>Santa Clara</b>	973	1,020	1,031	933	933	919
<b>Alameda</b>	1,031	1,007	1,035	859	831	805
<b>San Francisco</b>	445	367	416	496	479	497
<b>Orange</b>	1,795	1,555	1,686	1,585	1,608	1,562
<b>California</b>	29,323	27,821	28,347	27,807	27,912	27,740

County and State Comparison of the Percentage of First Entry into Foster Care (Children in Care for 5 days or More)						
	1999	2000	2001	2002	4/02-3/03	7/02-6/03
<b>Santa Clara</b>	70%	63%	67%	65%	67%	69%
<b>Alameda</b>	75%	76%	78%	78%	78%	78%
<b>San Francisco</b>	91%	96%	92%	93%	93%	92%
<b>Orange</b>	94%	91%	92%	92%	92%	91%
<b>California</b>	84%	83%	84%	83%	83%	83%

**Chart 4**

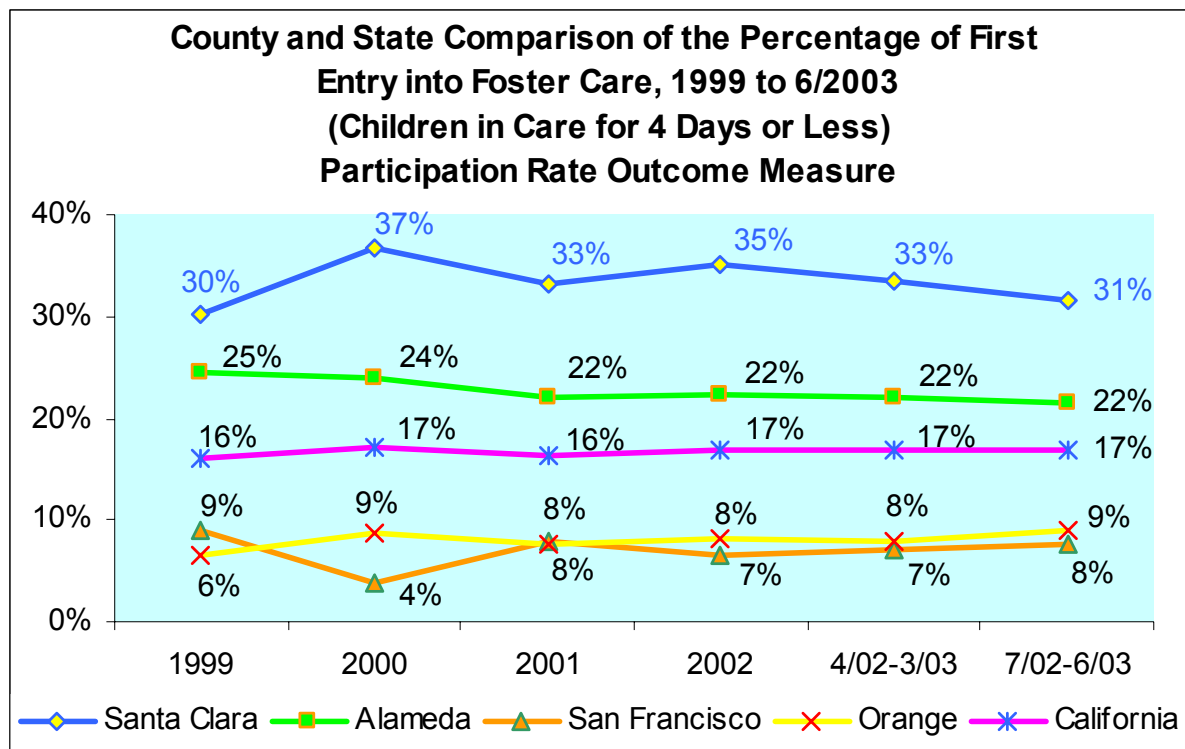


**5. County and State Comparison of First Entry into Foster Care (Children in Care for 4 Days or Less)**

<b>County and State Comparison of the Number of First Entry into Foster Care (Children in Care for 4 Days or Less)</b>						
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>4/02-3/03</b>	<b>7/02-6/03</b>
<b>Santa Clara</b>	420	594	511	507	468	422
<b>Alameda</b>	336	315	293	248	234	221
<b>San Francisco</b>	44	15	35	35	37	41
<b>Orange</b>	123	146	139	143	138	156
<b>California</b>	5,663	5,774	5,527	5,687	5,661	5,607

<b>County and State Comparison of the Percentage of First Entry into Foster Care (Children in Care for 4 Days or Less)</b>						
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>4/02-3/03</b>	<b>7/02-6/03</b>
<b>Santa Clara</b>	30%	37%	33%	35%	33%	31%
<b>Alameda</b>	25%	24%	22%	22%	22%	22%
<b>San Francisco</b>	9%	4%	8%	7%	7%	8%
<b>Orange</b>	6%	9%	8%	8%	8%	9%
<b>California</b>	16%	17%	16%	17%	17%	17%

**Chart 5**



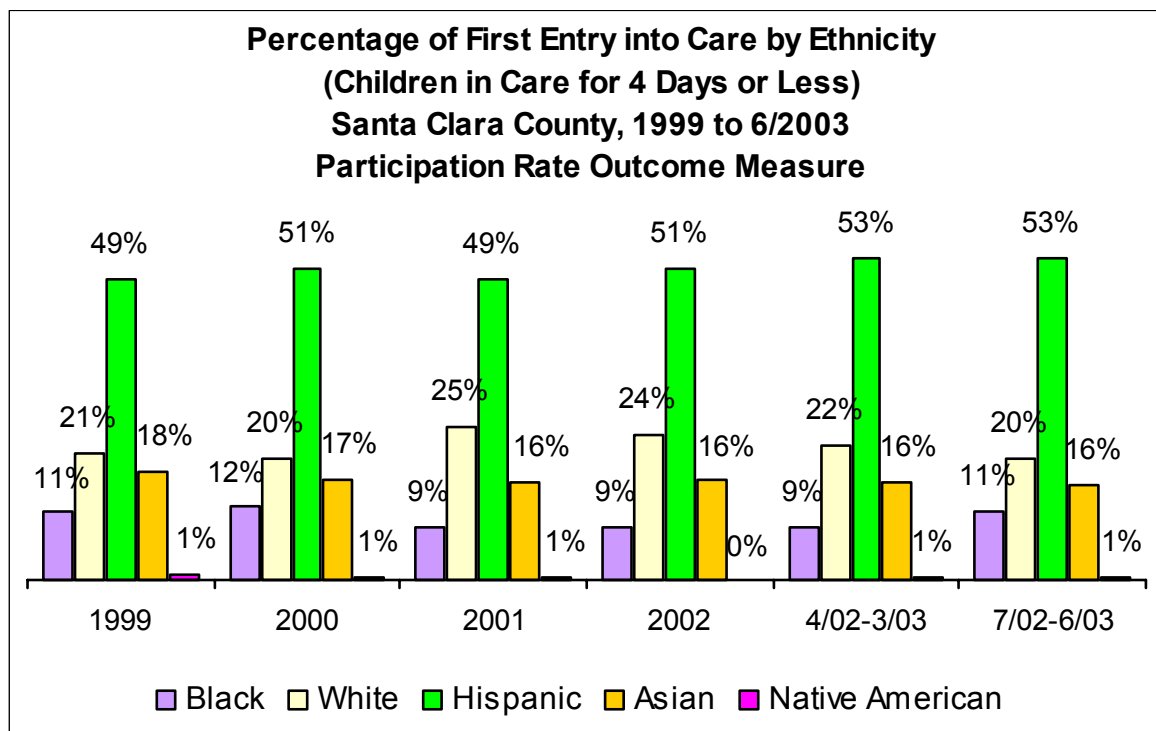
# **6A. First Entry into Foster Care by Ethnicity (Children in Care for 4 Days or Less)**

Number of First Entry into Foster Care by Ethnicity (Children in care for 4 days or less)						
Ethnicity	1999	2000	2001	2002	4/02-3/03	7/02-6/03
Black	47	71	45	44	40	47
White	86	118	126	119	103	82
Hispanic	205	300	249	256	243	218
Asian	73	99	82	82	74	64
Native American	4	4	3	1	3	3
<b>Total</b>	<b>420</b>	<b>594</b>	<b>511</b>	<b>507</b>	<b>468</b>	<b>422</b>

(Total includes a small amount of cases with missing ethnicity coding.)

Percentage of First Entry into Foster Care by Ethnicity (Children in care for 4 days or less)						
Ethnicity	1999	2000	2001	2002	4/02-3/03	7/02-6/03
Black	11%	12%	9%	9%	9%	11%
White	21%	20%	25%	24%	22%	20%
Hispanic	49%	51%	49%	51%	53%	53%
Asian	18%	17%	16%	16%	16%	16%
Native American	1%	1%	1%	0%	1%	1%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Chart 6A**



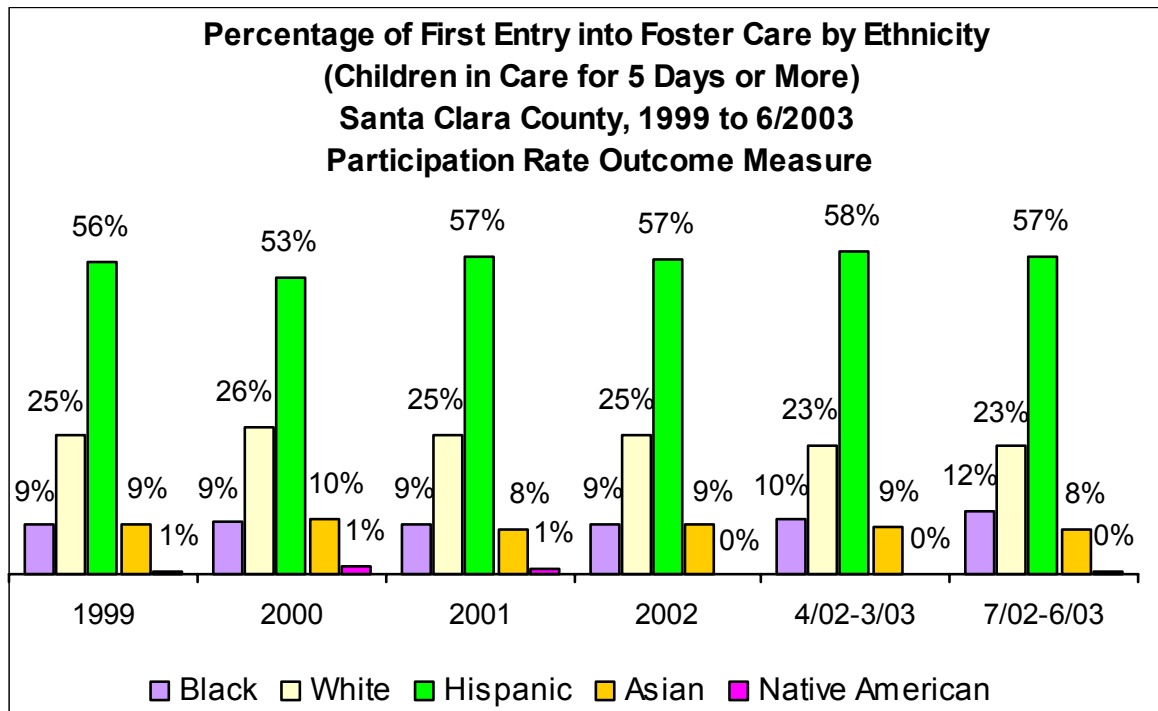
# **6B.First Entry into Foster Care by Ethnicity (Children in Care for 5 Days or More)**

Number of First Entry into Foster Care by Ethnicity (Children in care for 5 days or more)						
Ethnicity	1999	2000	2001	2002	4/02-3/03	7/02-6/03
Black	88	95	93	85	93	105
White	242	267	260	232	217	213
Hispanic	547	540	586	527	538	522
Asian	89	101	82	84	80	71
Native American	7	14	9	3	2	3
Total	973	1,020	1,031	933	933	919

(Total includes a small amount of cases with missing ethnicity coding.)

Percentage of First Entry into Foster Care by Ethnicity (Children in care for 5 days or more)						
Ethnicity	1999	2000	2001	2002	4/02-3/03	7/02-6/03
Black	9%	9%	9%	9%	10%	12%
White	25%	26%	25%	25%	23%	23%
Hispanic	56%	53%	57%	57%	58%	57%
Asian	9%	10%	8%	9%	9%	8%
Native American	1%	1%	1%	0%	0%	0%
Total	100%	100%	100%	100%	100%	100%

**Chart 6B**

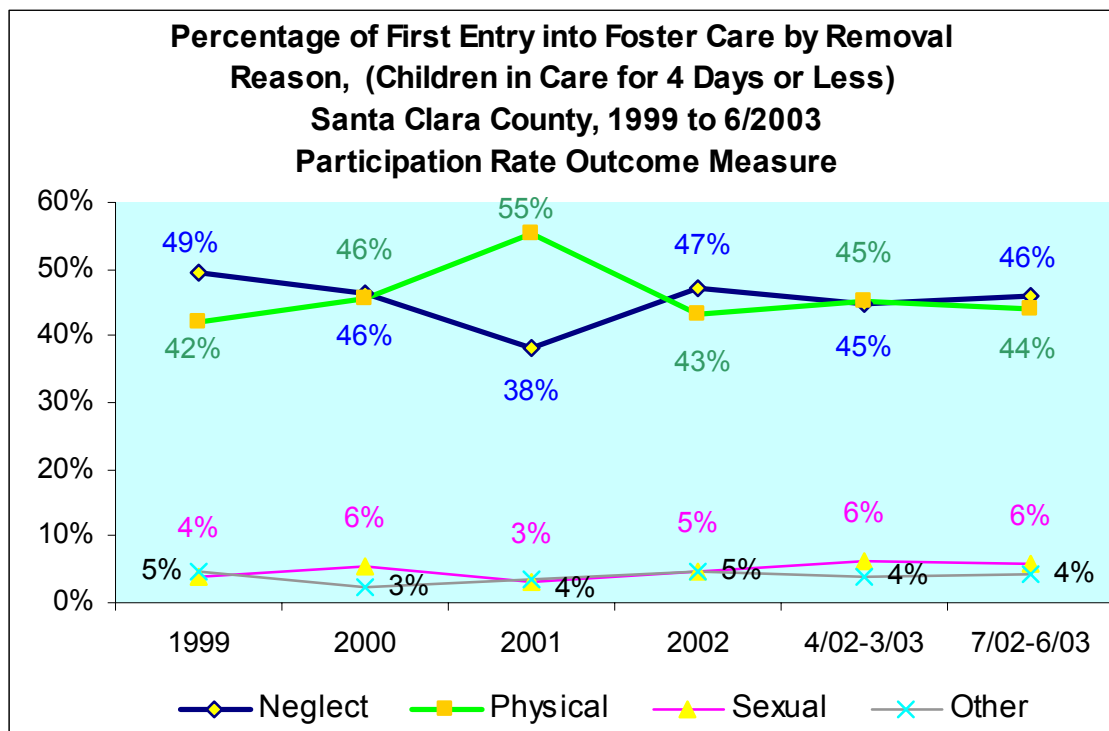


**7A. First Entry into Foster Care by Removal Reason (Children in Care of 4 Days or Less)**

Number of First Entry into Foster Care by Removal Reason (Children in care for 4 days or less)						
	1999	2000	2001	2002	4/02-3/03	7/02-6/03
<b>Neglect</b>	207	275	194	239	210	194
<b>Physical</b>	176	271	282	220	211	186
<b>Sexual</b>	17	33	16	24	29	24
<b>Other</b>	20	15	19	24	18	18
<b>Total</b>	420	594	511	507	468	422

Percentage of First Entry into Foster Care by Removal Reason (Children in care for 4 days or less)						
	1999	2000	2001	2002	4/02-3/03	7/02-6/03
<b>Neglect</b>	49%	46%	38%	47%	45%	46%
<b>Physical</b>	42%	46%	55%	43%	45%	44%
<b>Sexual</b>	4%	6%	3%	5%	6%	6%
<b>Other</b>	5%	3%	4%	5%	4%	4%
<b>Total</b>	100%	100%	100%	100%	100%	100%

**Chart 7A**

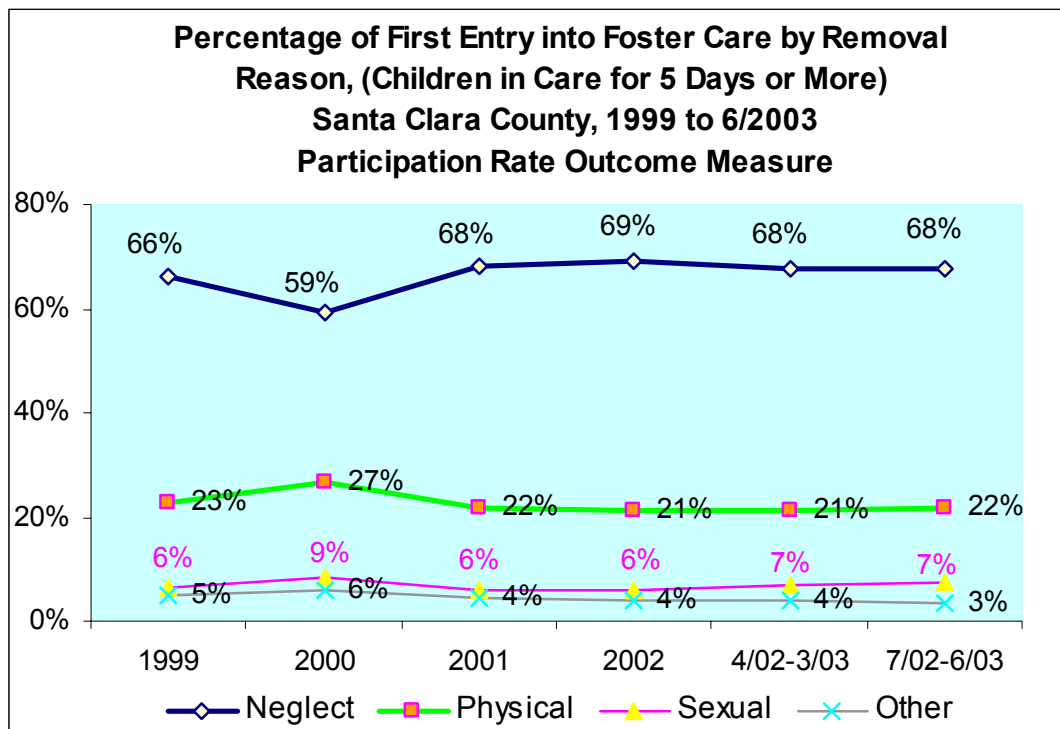


**7B. First Entry into Foster Care by Removal Reason (Children in Care for 5 Days or More)**

Number of First Entry into Foster Care by Removal Reason (Children in care for 5 days or more)						
	1999	2000	2001	2002	4/02-3/03	7/02-6/03
<b>Neglect</b>	643	603	704	647	632	622
<b>Physical</b>	220	271	223	197	200	200
<b>Sexual</b>	61	88	59	54	65	66
<b>Other</b>	49	58	45	35	36	31
<b>Total</b>	973	1,020	1,031	933	933	919

Percentage of First Entry into Foster Care by Removal Reason (Children in care for 5 days or more)						
	1999	2000	2001	2002	4/02-3/03	7/02-6/03
<b>Neglect</b>	66%	59%	68%	69%	68%	68%
<b>Physical</b>	23%	27%	22%	21%	21%	22%
<b>Sexual</b>	6%	9%	6%	6%	7%	7%
<b>Other</b>	5%	6%	4%	4%	4%	3%
<b>Total</b>	100%	100%	100%	100%	100%	100%

**Chart 7B**



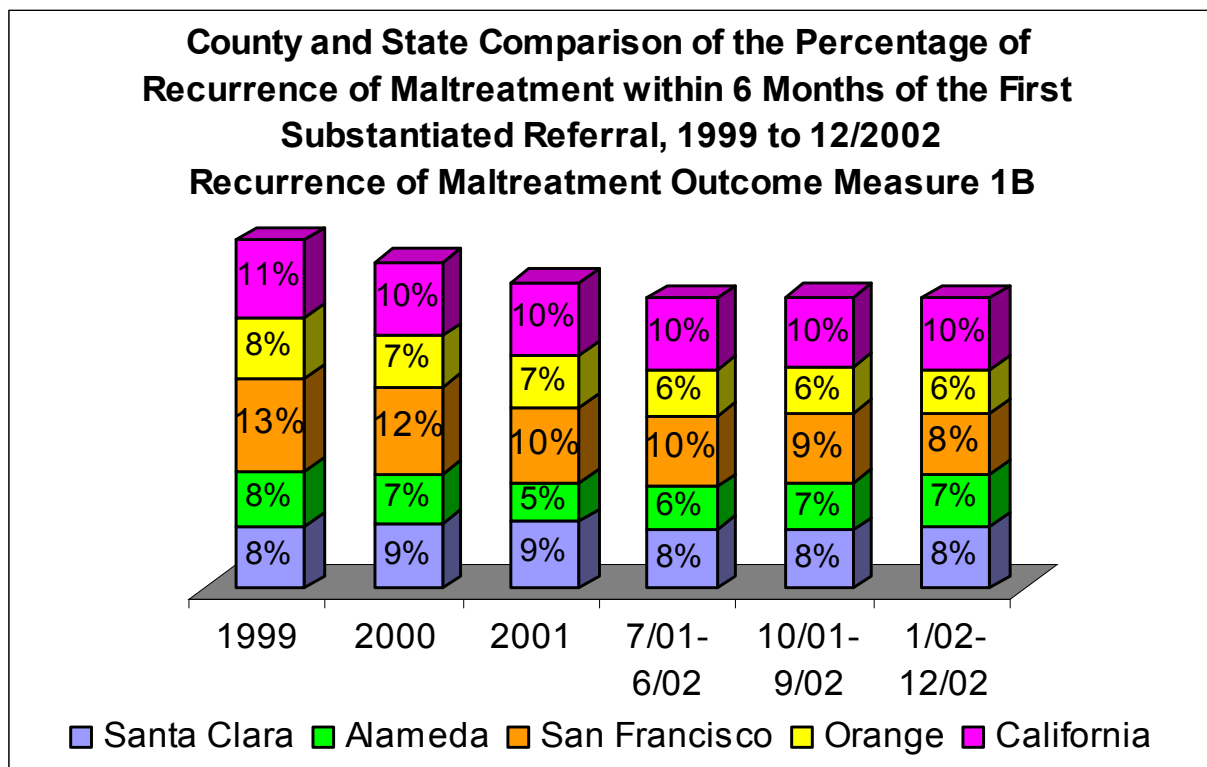


**8A. County and State Comparison of Recurrence of Maltreatment within 6 Months of the First Substantiated Referral**

<b>County and State Comparison of the Number of Recurrence of Maltreatment within 6 Months of First Substantiated Referral</b>						
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>7/01-6/02</b>	<b>10/01-9/02</b>	<b>1/02-12/02</b>
<b>Santa Clara</b>	178	177	188	159	157	164
<b>Alameda</b>	179	143	116	113	119	116
<b>San Francisco</b>	121	118	111	96	89	76
<b>Orange</b>	717	559	435	408	418	404
<b>California</b>	10,087	8,668	8,087	7,667	7,703	7,561

<b>County and State Comparison of the Percentage of Recurrence of Maltreatment within 6 Months of First Substantiated Referral</b>						
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>7/01-6/02</b>	<b>10/01-9/02</b>	<b>1/02-12/02</b>
<b>Santa Clara</b>	8%	9%	9%	8%	8%	8%
<b>Alameda</b>	8%	7%	5%	6%	7%	7%
<b>San Francisco</b>	13%	12%	10%	10%	9%	8%
<b>Orange</b>	8%	7%	7%	6%	6%	6%
<b>California</b>	11%	10%	10%	10%	10%	10%

**Chart 8A**

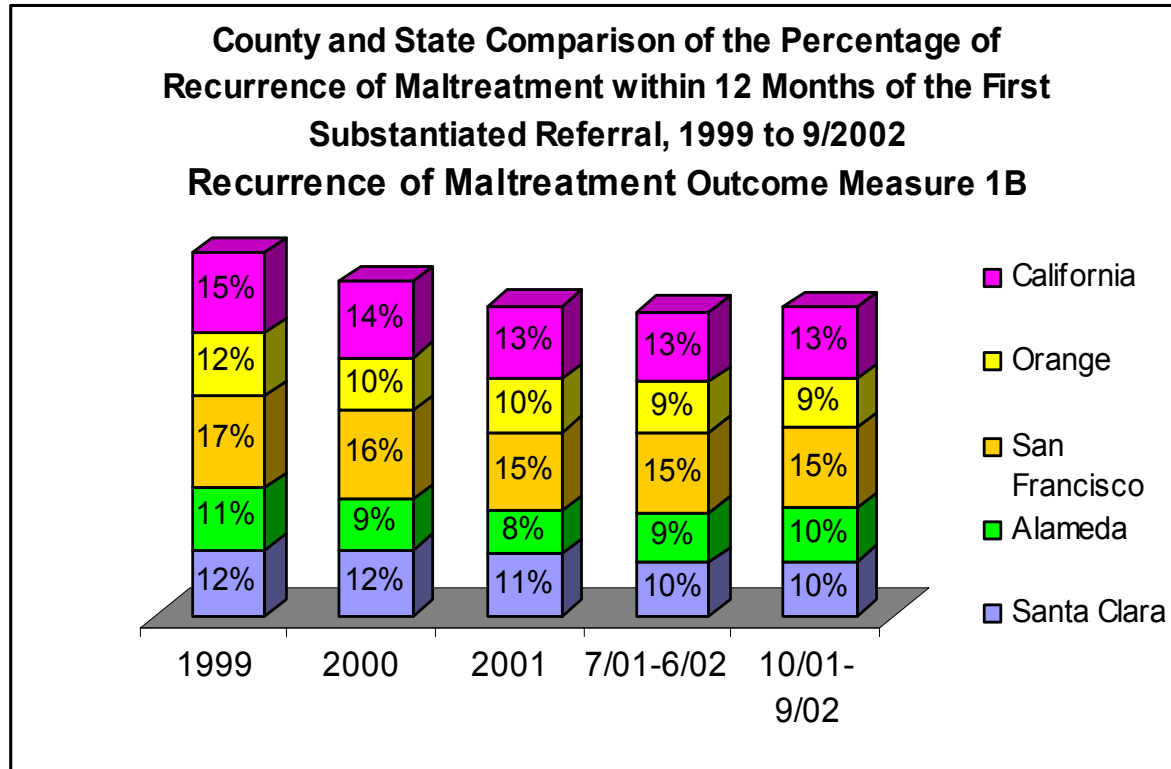


**8B. County and State Comparison of Recurrence of Maltreatment within 12 Months of the First Substantiated Referral**

	1999	2000	2001	7/01-6/02	10/01-9/02
<b>Santa Clara</b>	264	243	238	199	201
<b>Alameda</b>	266	204	173	174	178
<b>San Francisco</b>	162	162	161	151	144
<b>Orange</b>	1,049	818	610	579	601
<b>California</b>	14,064	12,180	11,029	10,471	10,465

<b>County and State Comparison of the Percentage of Recurrence of Maltreatment within 12 Months of First Substantiated Referral</b>					
	1999	2000	2001	7/01-6/02	10/01-9/02
<b>Santa Clara</b>	12%	12%	11%	10%	10%
<b>Alameda</b>	11%	9%	8%	9%	10%
<b>San Francisco</b>	17%	16%	15%	15%	15%
<b>Orange</b>	12%	10%	10%	9%	9%
<b>California</b>	15%	14%	13%	13%	13%

**Chart 8B**

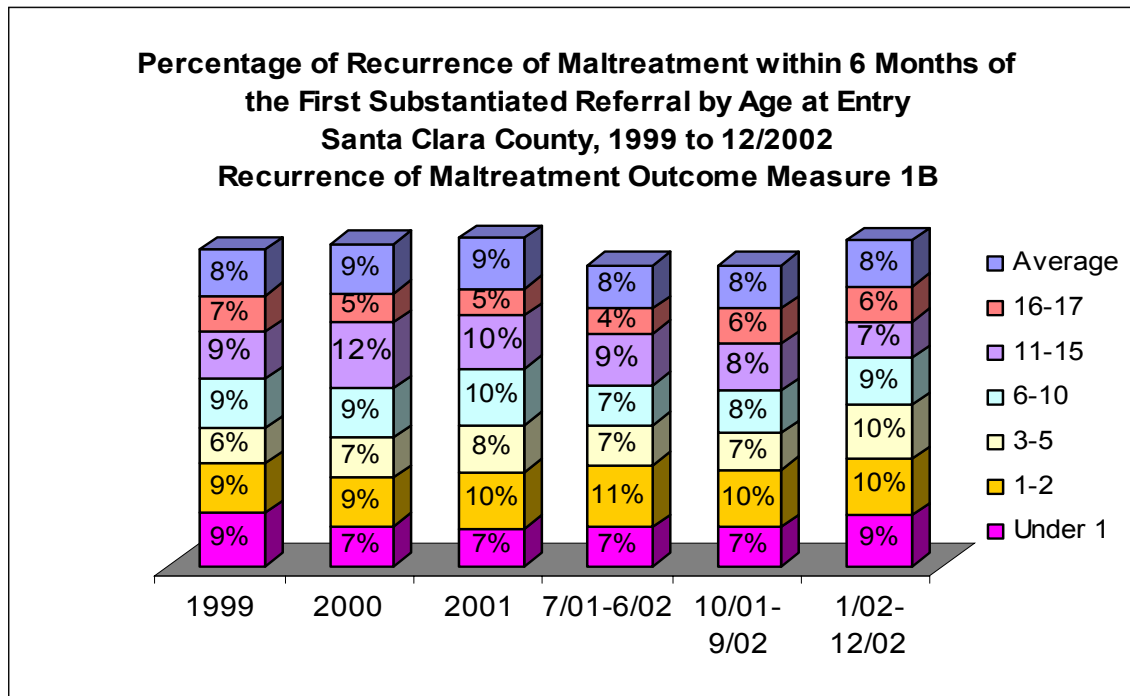


**9A. Recurrence of Maltreatment within 6 Months of the First Substantiated Referral by Age at Entry in Santa Clara County**

Number of Recurrence of Maltreatment within 6 Months of First Substantiated Referral by Age at Entry						
Age at Entry	1999	2000	2001	7/01-6/02	10/01-9/02	1/02-12/02
Under 1	25	17	20	21	21	27
1-2	21	19	26	25	23	24
3-5	23	23	32	25	22	29
6-10	60	51	59	41	45	48
11-15	43	61	46	43	40	30
16-17	6	6	5	4	6	6
Total	178	177	188	159	157	164

Percentage of Recurrence of Maltreatment within 6 Months of First Substantiated Referral by Age at Entry						
Age at Entry	1999	2000	2001	7/01-6/02	10/01-9/02	1/02-12/02
Under 1	9%	7%	7%	7%	7%	9%
1-2	9%	9%	10%	11%	10%	10%
3-5	6%	7%	8%	7%	7%	10%
6-10	9%	9%	10%	7%	8%	9%
11-15	9%	12%	10%	9%	8%	7%
16-17	7%	5%	5%	4%	6%	6%
Average	8%	9%	9%	8%	8%	8%

**Chart 9A**

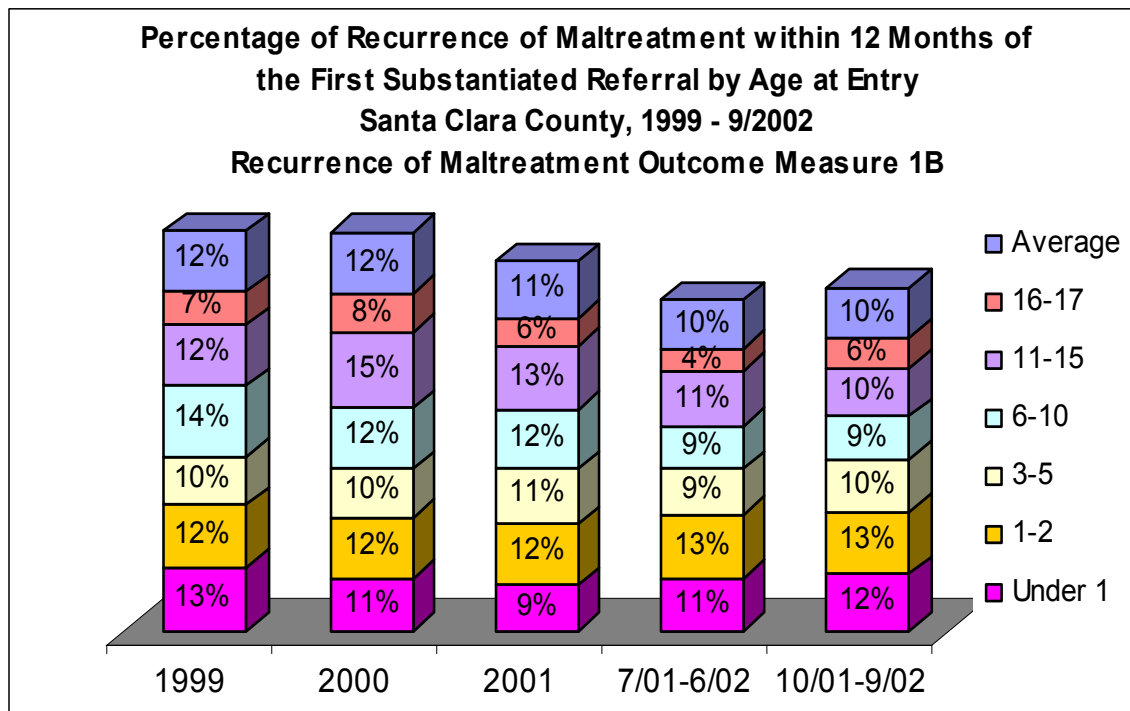


**9B. Recurrence of Maltreatment within 12 Months of the First Substantiated Referral, by Age at Entry in Santa Clara County**

Number of Recurrence of Maltreatment within 12 Months of First Substantiated Referral by Age at Entry					
Age at Entry	1999	2000	2001	7/01-6/02	10/01-9/02
Under 1	35	26	28	33	35
1-2	29	26	31	28	28
3-5	35	32	43	33	34
6-10	96	71	69	49	52
11-15	63	79	61	52	46
16-17	6	9	6	4	6
Total	264	243	238	199	201

Percentage of Recurrence of Maltreatment within 12 Months of First Substantiated Referral by Age at Entry					
Age at Entry	1999	2000	2001	7/01-6/02	10/01-9/02
Under 1	13%	11%	9%	11%	12%
1-2	12%	12%	12%	13%	13%
3-5	10%	10%	11%	9%	10%
6-10	14%	12%	12%	9%	9%
11-15	12%	15%	13%	11%	10%
16-17	7%	8%	6%	4%	6%
Average	12%	12%	11%	10%	10%

**Chart 9B**

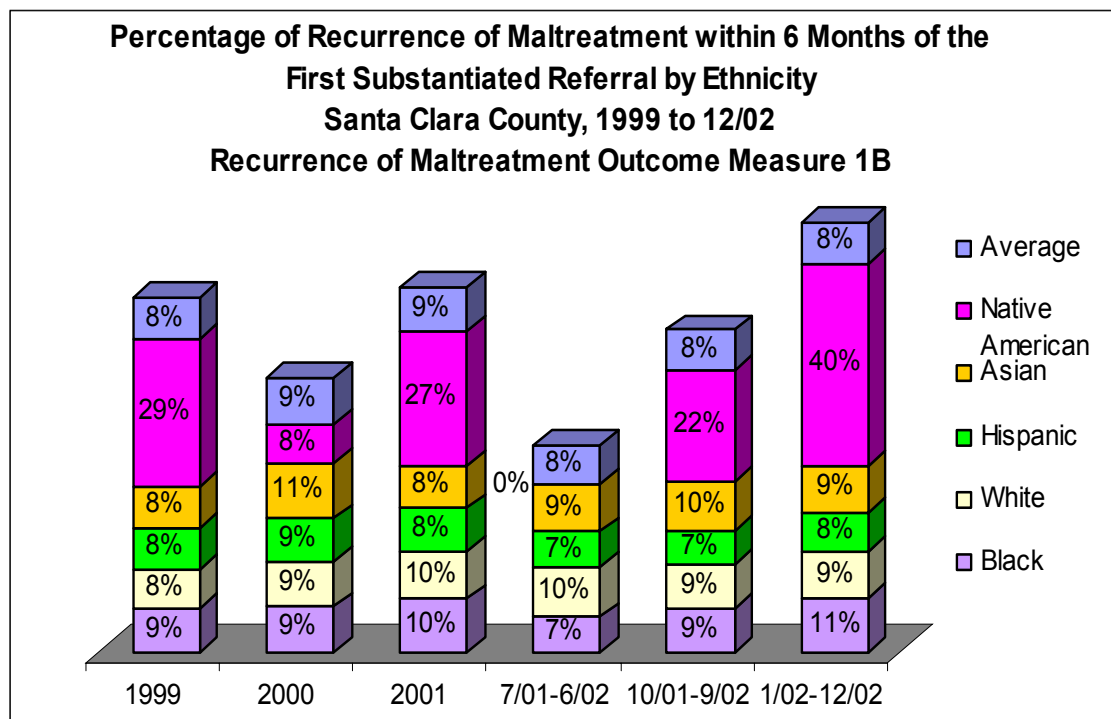


**10A. Recurrence of Maltreatment within 6 Months of the First Substantiated Referral by Ethnicity in Santa Clara County**

Number of Recurrence of Maltreatment within 6 Months of First Substantiated Referral by Ethnicity						
Ethnicity	1999	2000	2001	7/01-6/02	10/01-9/02	1/02-12/02
Black	19	14	18	12	17	21
White	43	47	56	54	42	44
Hispanic	95	93	93	74	78	81
Asian	16	22	16	18	18	16
Native American	5	1	4	0	2	2
Total	178	177	188	159	157	164

Percentage of Recurrence of Maltreatment within 6 Months of First Substantiated Referral by Ethnicity						
Ethnicity	1999	2000	2001	7/01-6/02	10/01-9/02	1/02-12/02
Black	9%	9%	10%	7%	9%	11%
White	8%	9%	10%	10%	9%	9%
Hispanic	8%	9%	8%	7%	7%	8%
Asian	8%	11%	8%	9%	10%	9%
Native American	29%	8%	27%	0%	22%	40%
Average	8%	9%	9%	8%	8%	8%

**Chart 10A**

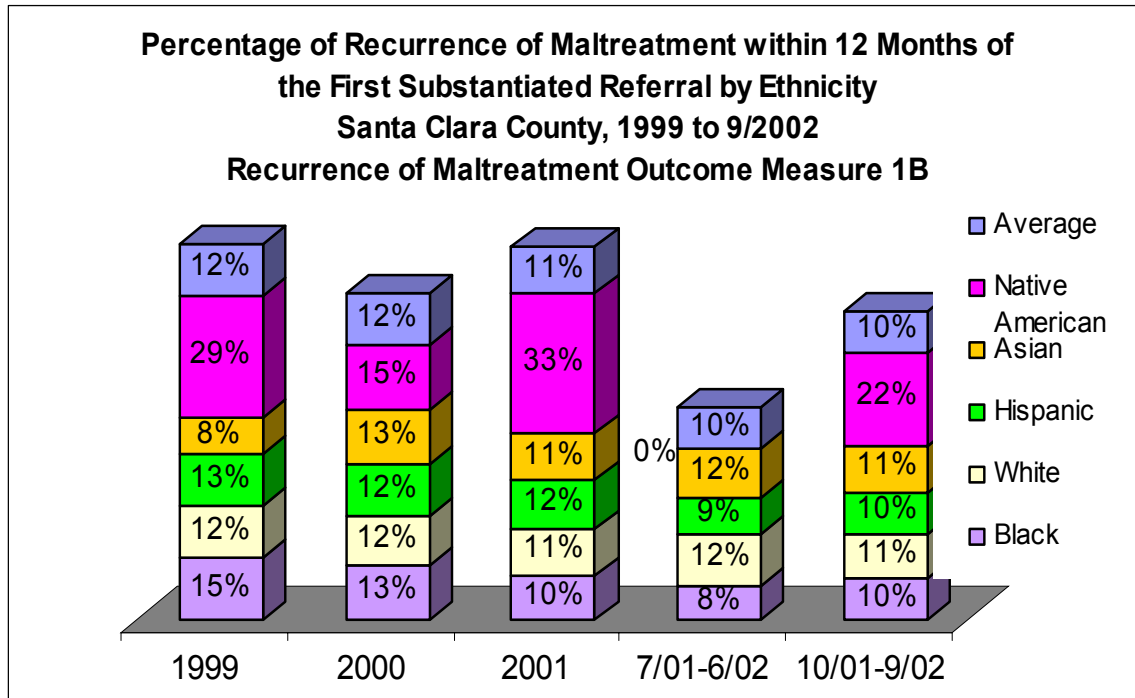


**10B. Recurrence of Maltreatment within 12 Months of the First Substantiated Referral by Ethnicity in Santa Clara County**

Number of Recurrence of Maltreatment within 12 Months of First Substantiated Referral by Ethnicity					
Ethnicity	1999	2000	2001	7/01-6/02	10/01-9/02
Black	33	20	18	14	19
White	65	64	65	64	53
Hispanic	144	132	128	98	106
Asian	17	25	21	22	21
Native American	5	2	5	0	2
Total	264	243	238	199	201

Percentage of Recurrence of Maltreatment within 12 Months of First Substantiated Referral by Ethnicity					
Ethnicity	1999	2000	2001	7/01-6/02	10/01-9/02
Black	15%	13%	10%	8%	10%
White	12%	12%	11%	12%	11%
Hispanic	13%	12%	12%	9%	10%
Asian	8%	13%	11%	12%	11%
Native American	29%	15%	33%	0%	22%
Average	12%	12%	11%	10%	10%

**Chart 10B**



Child Welfare (AB636) Outcome Workgroup on Permanence (Length of Time to Exit Foster Care, Stability of Placements, and Foster Care Re-entries)  
Data Report Prepared on March 26, 2004

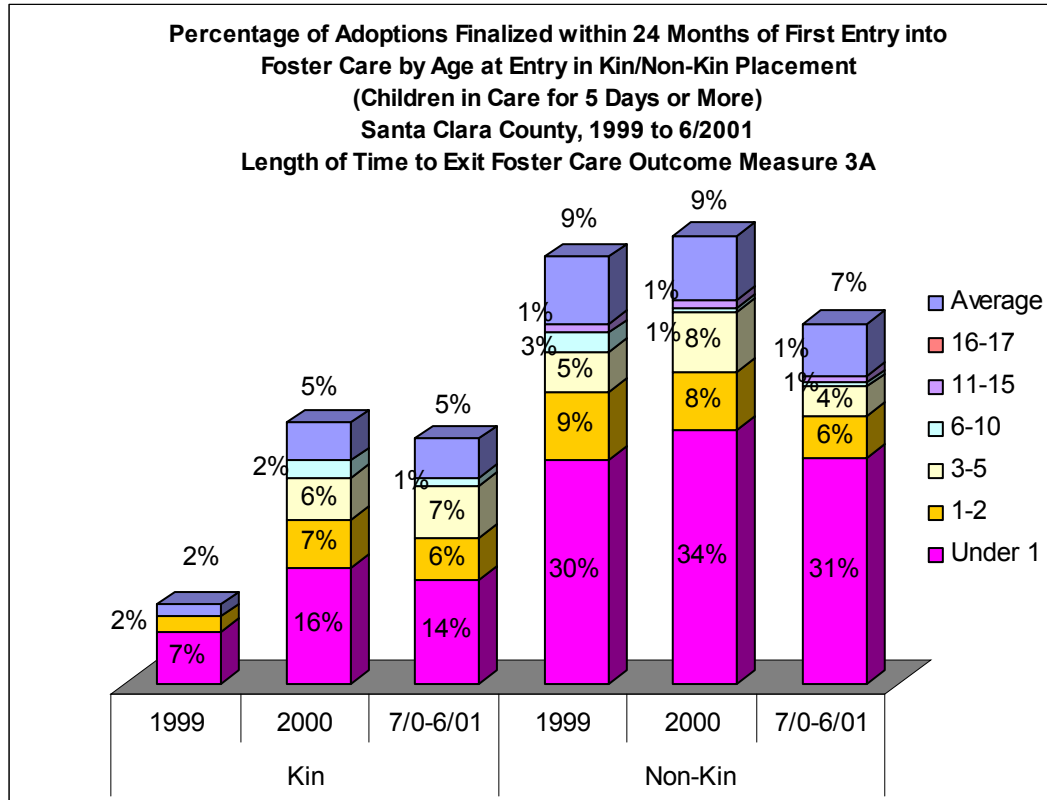
**11A. Number and Percentage of Adoptions Finalized within 24 Months  
of First Entry into Foster Care by Age at Entry in Kin/Non-Kin Placement  
(Children in Care for 5 Days or More)**

<b>Number of Adoptions Finalized within 24 Months of First Entry into Foster Care by Age at Entry in Kin/Non-Kin Placement (Children in Care for 5 Days or More)</b>						
	<b>Kin</b>			<b>Non-Kin</b>		
<b>Age at Entry</b>	<b>1999</b>	<b>2000</b>	<b>7/0-6/01</b>	<b>1999</b>	<b>2000</b>	<b>7/0-6/01</b>
<b>Under 1</b>	<5	8	8	43	42	38
<b>1-2</b>	<5	<5	<5	8	<5	<5
<b>3-5</b>	0	<5	<5	5	8	<5
<b>6-10</b>	0	<5	<5	5	<5	<5
<b>11-15</b>	0	0	0	<5	<5	<5
<b>16-17</b>	0	0	0	0	0	0
<b>Total</b>	<5	18	16	63	57	48

<b>Percentage of Adoptions Finalized within 24 Months of First Entry into Foster Care by Age at Entry in Kin/Non-Kin Placement (Children in Care for 5 Days or More)</b>						
	<b>Kin</b>			<b>Non-Kin</b>		
<b>Age at Entry</b>	<b>1999</b>	<b>2000</b>	<b>7/0-6/01</b>	<b>1999</b>	<b>2000</b>	<b>7/0-6/01</b>
<b>Under 1</b>	7%	16%	14%	30%	34%	31%
<b>1-2</b>	2%	7%	6%	9%	8%	6%
<b>3-5</b>	0%	6%	7%	5%	8%	4%
<b>6-10</b>	0%	2%	1%	3%	1%	1%
<b>11-15</b>	0%	0%	0%	1%	1%	1%
<b>16-17</b>	0%	0%	0%	0%	0%	0%
<b>Average</b>	2%	5%	5%	9%	9%	7%

Chart 11A on the next page.

**Chart 11A**





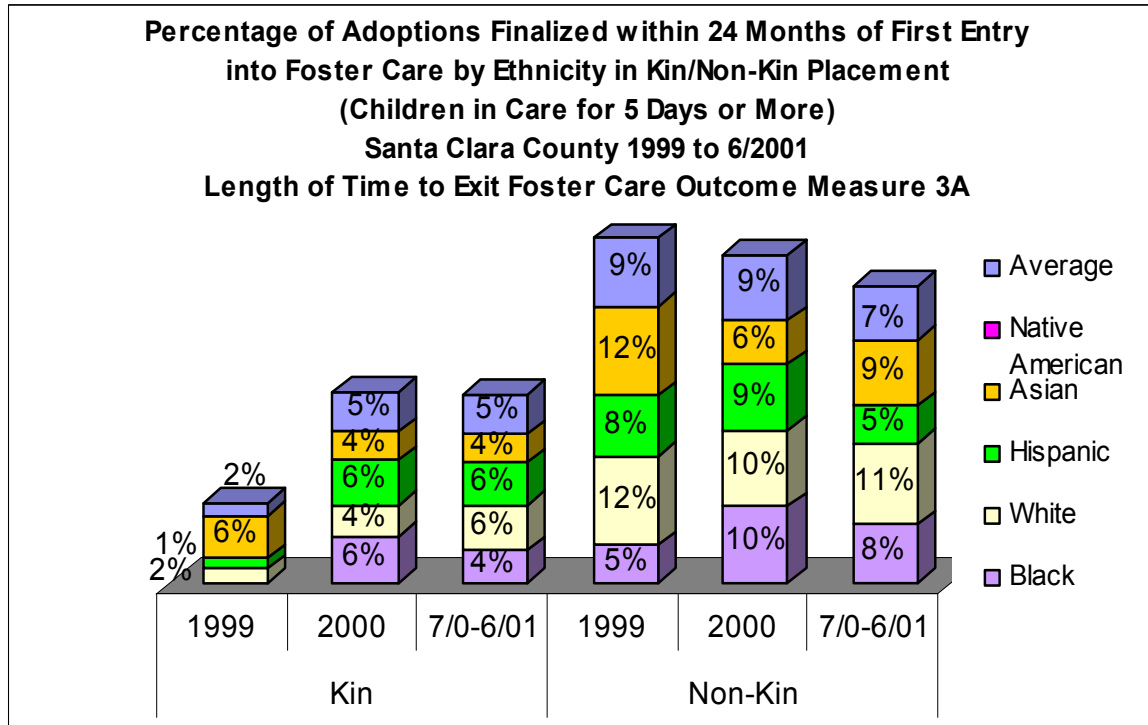
**11B. Number and Percentage of Adoptions Finalized within 24 Months of First Entry into Foster Care by Ethnicity in Predominantly Kin/Non-Kin Placement in Santa Clara County (Children in Care for 5 Days or More)**

<b>Number of Adoptions Finalized within 24 Months of First Entry into Foster Care by Ethnicity in Predominantly Kin/Non-Kin Placement (Children in Care for 5 Days or More)</b>						
	<b>Kin</b>			<b>Non-Kin</b>		
<b>Ethnicity</b>	<b>1999</b>	<b>2000</b>	<b>7/0-6/01</b>	<b>1999</b>	<b>2000</b>	<b>7/0-6/01</b>
<b>Black</b>	0	<5	<5	3	6	5
<b>White</b>	<5	<5	<5	22	18	19
<b>Hispanic</b>	<5	12	10	30	29	18
<b>Asian</b>	<5	<5	<5	8	<5	6
<b>Native American</b>	0	0	0	0	0	0
<b>Total</b>	<5	18	16	63	57	48

<b>Percentage of Adoptions Finalized within 24 Months of First Entry into Foster Care by Ethnicity in Predominantly Kin/Non-Kin Placement (Children in Care for 5 Days or More)</b>						
	<b>Kin</b>			<b>Non-Kin</b>		
<b>Ethnicity</b>	<b>1999</b>	<b>2000</b>	<b>7/0-6/01</b>	<b>1999</b>	<b>2000</b>	<b>7/0-6/01</b>
<b>Black</b>	0%	6%	4%	5%	10%	8%
<b>White</b>	2%	4%	6%	12%	10%	11%
<b>Hispanic</b>	1%	6%	6%	8%	9%	5%
<b>Asian</b>	6%	4%	4%	12%	6%	9%
<b>Native American</b>	0%	0%	0%	0%	0%	0%
<b>Average</b>	2%	5%	5%	9%	9%	7%

Chart 11B on the next page.

Chart 11B



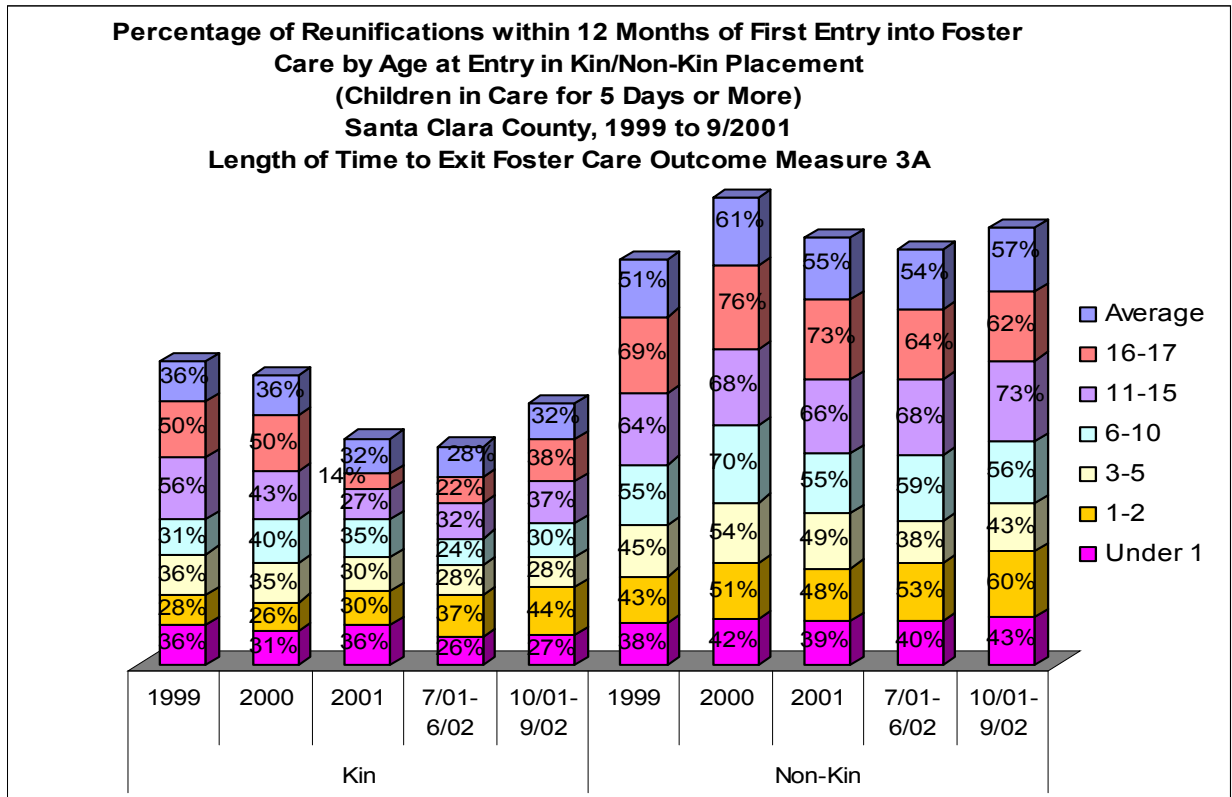
**12A. Number and Percentage of Reunifications within 12 Months of First Entry into Foster Care by Age at Entry in Kin/Non-Kin Placement in Santa Clara County (Children in care for 5 Days or More)**

<b>Number of Reunifications within 12 Months of First Entry into Foster Care by Age at Entry in Kin/Non-Kin Placement (Children in care for 5 Days or More)</b>										
	<b>Kin</b>					<b>Non-Kin</b>				
<b>Age at Entry</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>7/01-6/02</b>	<b>10/01-9/02</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>7/01-6/02</b>	<b>10/01-9/02</b>
<b>Under 1</b>	15	16	25	19	19	54	51	48	52	60
<b>1-2</b>	14	16	19	19	20	37	26	30	39	50
<b>3-5</b>	20	25	24	21	21	43	54	42	31	37
<b>6-10</b>	21	35	30	18	20	105	111	81	69	76
<b>11-15</b>	19	24	15	17	17	100	121	123	119	121
<b>16-17</b>	<5	8	<5	<5	<5	22	32	37	30	28
<b>Total</b>	91	124	114	96	100	361	395	361	340	372

<b>Percentage of Reunifications within 12 Months of First Entry into Foster Care by Age at Entry in Kin/Non-Kin Placement (Children in care for 5 Days or More)</b>										
	<b>Kin</b>					<b>Non-Kin</b>				
<b>Age at Entry</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>7/01-6/02</b>	<b>10/01-9/02</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>7/01-6/02</b>	<b>10/01-9/02</b>
<b>Under 1</b>	36%	31%	36%	26%	27%	38%	42%	39%	40%	43%
<b>1-2</b>	28%	26%	30%	37%	44%	43%	51%	48%	53%	60%
<b>3-5</b>	36%	35%	30%	28%	28%	45%	54%	49%	38%	43%
<b>6-10</b>	31%	40%	35%	24%	30%	55%	70%	55%	59%	56%
<b>11-15</b>	56%	43%	27%	32%	37%	64%	68%	66%	68%	73%
<b>16-17</b>	50%	50%	14%	22%	38%	69%	76%	73%	64%	62%
<b>Average</b>	36%	36%	32%	28%	32%	51%	61%	55%	54%	57%

Chart 12A on the next page.

Chart 12A



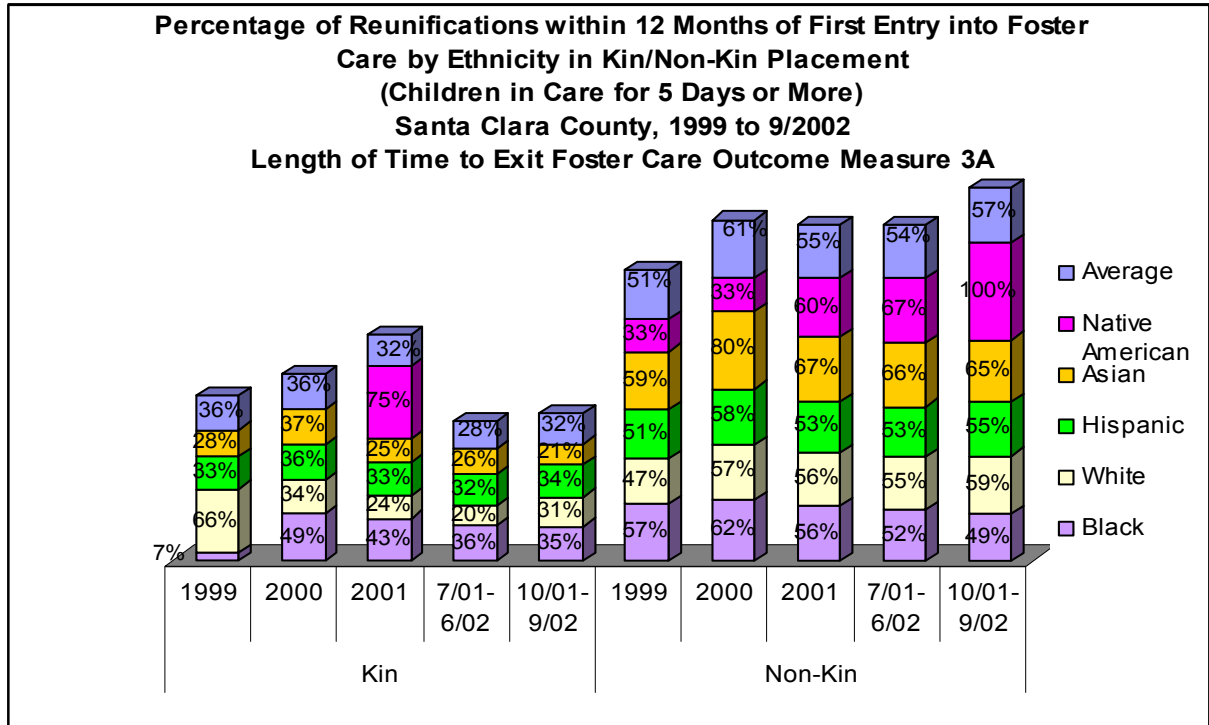
**12B. Number and Percentage of Reunifications within 12 Months of First Entry into Foster Care by Ethnicity and Kin/Non-Kin Placements in Santa Clara County (Children in care for 5 Days or More)**

<b>Number of Reunifications within 12 Months of First Entry into Foster Care by Ethnicity and Kin/Non-Kin Placement (Children in Care for 5 Days or More)</b>										
	<b>Kin</b>					<b>Non-Kin</b>				
<b>Ethnicity</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>7/01- 6/02</b>	<b>10/01- 9/02</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>7/01- 6/02</b>	<b>10/01- 9/02</b>
<b>Black</b>	<5	16	12	8	8	35	37	35	31	32
<b>White</b>	33	25	22	19	22	88	103	92	97	105
<b>Hispanic</b>	51	73	72	64	66	196	194	190	170	191
<b>Asian</b>	5	10	5	5	<5	41	57	40	40	42
<b>Native American</b>	0	0	<5	0	0	<5	<5	<5	<5	<5
<b>Total</b>	91	124	114	96	100	361	395	361	340	372

<b>Percentage of Reunifications within 12 Months of First Entry into Foster Care by Ethnicity and Kin/Non-Kin Placement (Children in Care for 5 Days or More)</b>										
	<b>Kin</b>					<b>Non-Kin</b>				
<b>Ethnicity</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>7/01- 6/02</b>	<b>10/01- 9/02</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>7/01- 6/02</b>	<b>10/01- 9/02</b>
<b>Black</b>	7%	49%	43%	36%	35%	57%	62%	56%	52%	49%
<b>White</b>	66%	34%	24%	20%	31%	47%	57%	56%	55%	59%
<b>Hispanic</b>	33%	36%	33%	32%	34%	51%	58%	53%	53%	55%
<b>Asian</b>	28%	37%	25%	26%	21%	59%	80%	67%	66%	65%
<b>Native American</b>	0%	0%	75%	0%	0%	33%	33%	60%	67%	100%
<b>Average</b>	36%	36%	32%	28%	32%	51%	61%	55%	54%	57%

Chart 12B on the next page.

Chart 12B

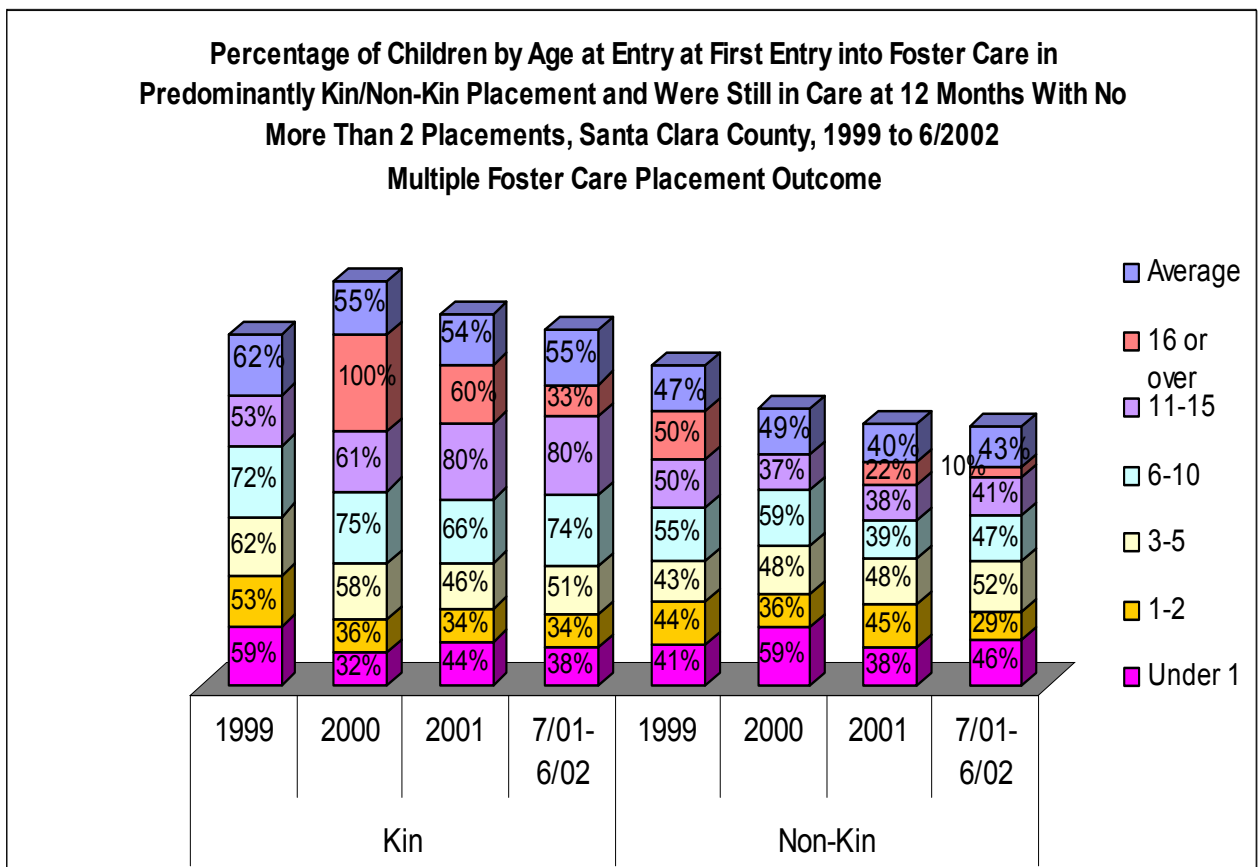


**13A Number and Percentage of Children by Age at Entry at First Entry into Foster Care in Predominantly Kin/Non-Kin Placement and Were Still in Care at 12 Months With No More Than 2 Placements**

Percentage of Children by Age at Entry at First Entry into Foster Care in Predominantly Kin/Non-Kin Placement and Were Still in Care at 12 Months With No More Than 2 Placements								
	Kin				Non-Kin			
Age at Entry	1999	2000	2001	7/01-6/02	1999	2000	2001	7/01-6/02
Under 1	59%	32%	44%	38%	41%	59%	38%	46%
1-2	53%	36%	34%	34%	44%	36%	45%	29%
3-5	62%	58%	46%	51%	43%	48%	48%	52%
6-10	72%	75%	66%	74%	55%	59%	39%	47%
11-15	53%	61%	80%	80%	50%	37%	38%	41%
16 or over	0%	100%	60%	33%	50%	0%	22%	10%
Average	62%	55%	54%	55%	47%	49%	40%	43%

Combined total numbers for 1 and 2 placements. Since many numbers in 1-placement category are less than 5 and are not available, the combined total numbers for 1 and 2 placements are not available as well.

**Chart 13A**



**13B. Number and Percentage of Children by Ethnicity at First Entry of Foster Care in Predominantly Kin/Non-Kin Placements and Were Still in Care at 12 Months With No More Than 2 Placements in Santa Clara County**

Number of Children by Ethnicity at First Entry into foster Care in Predominantly Kin/Non-Kin Placement and Were Still in Care at 12 Months With No More Than 2 Placements								
	Kin				Non-Kin			
Ethnicity	1999	2000	2001	7/01-6/02	1999	2000	2001	7/01-6/02
Black	NA	NA	NA	NA	13	NA	6	11
White	NA	NA	NA	51	45	NA	34	38
Hispanic	59	64	71	67	66	58	55	48
Asian	9	NA	5	7	21	6	NA	NA
Native American	NA	NA	NA	0	0	NA	0	NA
Total	97	118	129	132	145	112	104	110

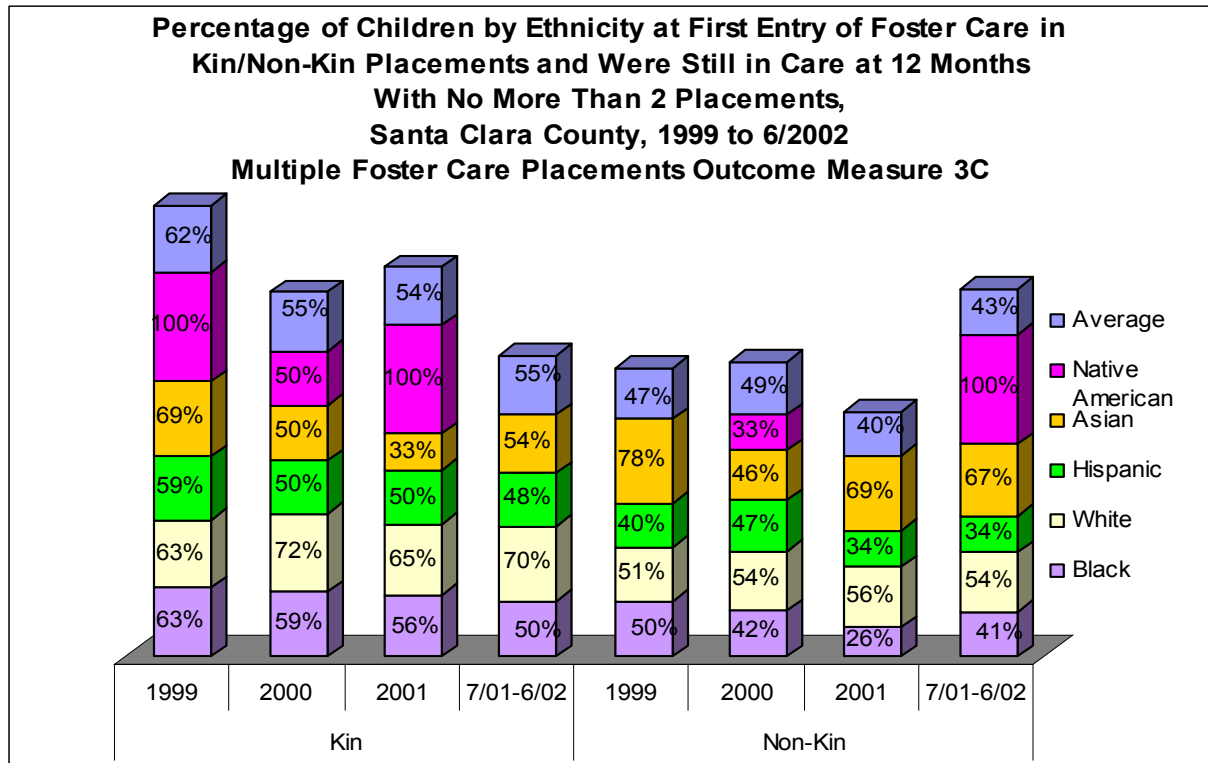
Combined total numbers for 1 and 2 placements. Since many numbers in 1-placement category are less than 5 and are not available, the combined total numbers for 1 and 2 placements are not available as well.

Percentage of Children by Ethnicity at First Entry into foster Care in Predominantly Kin/Non-Kin Placement and Were Still in Care at 12 Months With No More Than 2 Placements								
	Kin				Non-Kin			
Ethnicity	1999	2000	2001	7/01-6/02	1999	2000	2001	7/01-6/02
Black	63%	59%	56%	50%	50%	42%	26%	41%
White	63%	72%	65%	70%	51%	54%	56%	54%
Hispanic	59%	50%	50%	48%	40%	47%	34%	34%
Asian	69%	50%	33%	54%	78%	46%	69%	67%
Native American	100%	50%	100%	0%	0%	33%	0%	100%
Average	62%	55%	54%	55%	47%	49%	40%	43%

Chart 13B on the next page.



Chart 13B



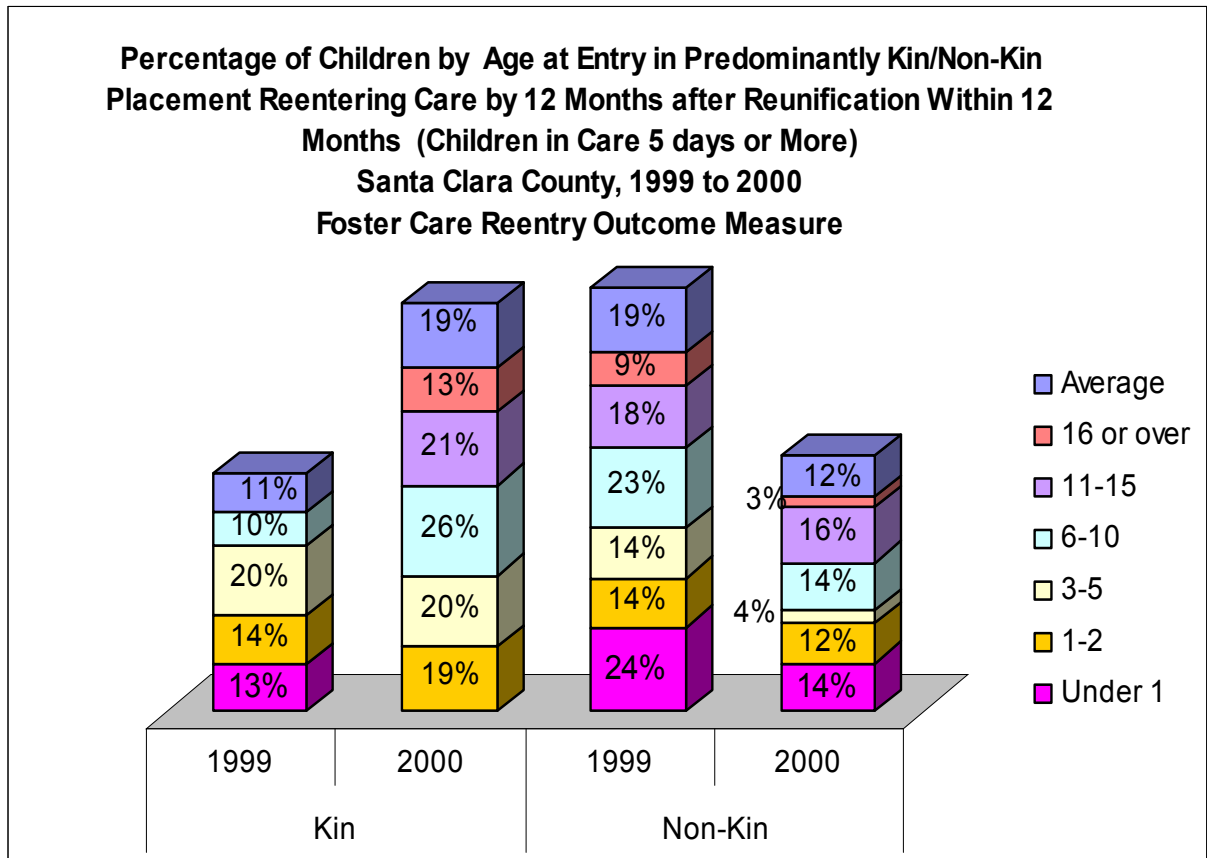
**14A. Number and Percentage of Children, by Age at Entry, in Predominantly Kin/Non-Kin Placements Reentering Care by 12 Months After Reunification Within 12 Months from Their First Entry into Foster Care in Santa Clara County (Children in Care for 5 Days or More)**

<b>Number of Children, by Age at Entry, in Predominantly Kin/Non-Kin Placements Reentering Care by 12 Months After Reunification Within 12 Months from Their First Entry into Foster Care (Children in Care for 5 Days or More)</b>				
	<b>Kin</b>		<b>Non-Kin</b>	
<b>Age at Entry</b>	<b>1999</b>	<b>2000</b>	<b>1999</b>	<b>2000</b>
<b>Under 1</b>	2/15	0/16	13/54	7/51
<b>1-2</b>	2/14	3/16	5/37	3/26
<b>3-5</b>	4/20	5/25	6/43	2/54
<b>6-10</b>	2/21	9/35	24/105	15/111
<b>11-15</b>	0/19	5/24	18/100	19/121
<b>16 or over</b>	0/2	1/8	2/22	1/32
<b>Total</b>	10/91	23/124	68/361	47/395
Number of Children Reentered After Reunified /Total Number of Children Reunified				

<b>Percentage of Children, by Age at Entry, in Predominantly Kin/Non-Kin Placements Reentering Care by 12 Months After Reunification Within 12 Months from Their First Entry into Foster Care (Children in Care for 5 Days or More)</b>				
	<b>Kin</b>		<b>Non-Kin</b>	
<b>Age at Entry</b>	<b>1999</b>	<b>2000</b>	<b>1999</b>	<b>2000</b>
<b>Under 1</b>	13%	0%	24%	14%
<b>1-2</b>	14%	19%	14%	12%
<b>3-5</b>	20%	20%	14%	4%
<b>6-10</b>	10%	26%	23%	14%
<b>11-15</b>	0%	21%	18%	16%
<b>16 or over</b>	0%	13%	9%	3%
<b>Average</b>	11%	19%	19%	12%

Chart 14A on the next page.

**Chart 14A**



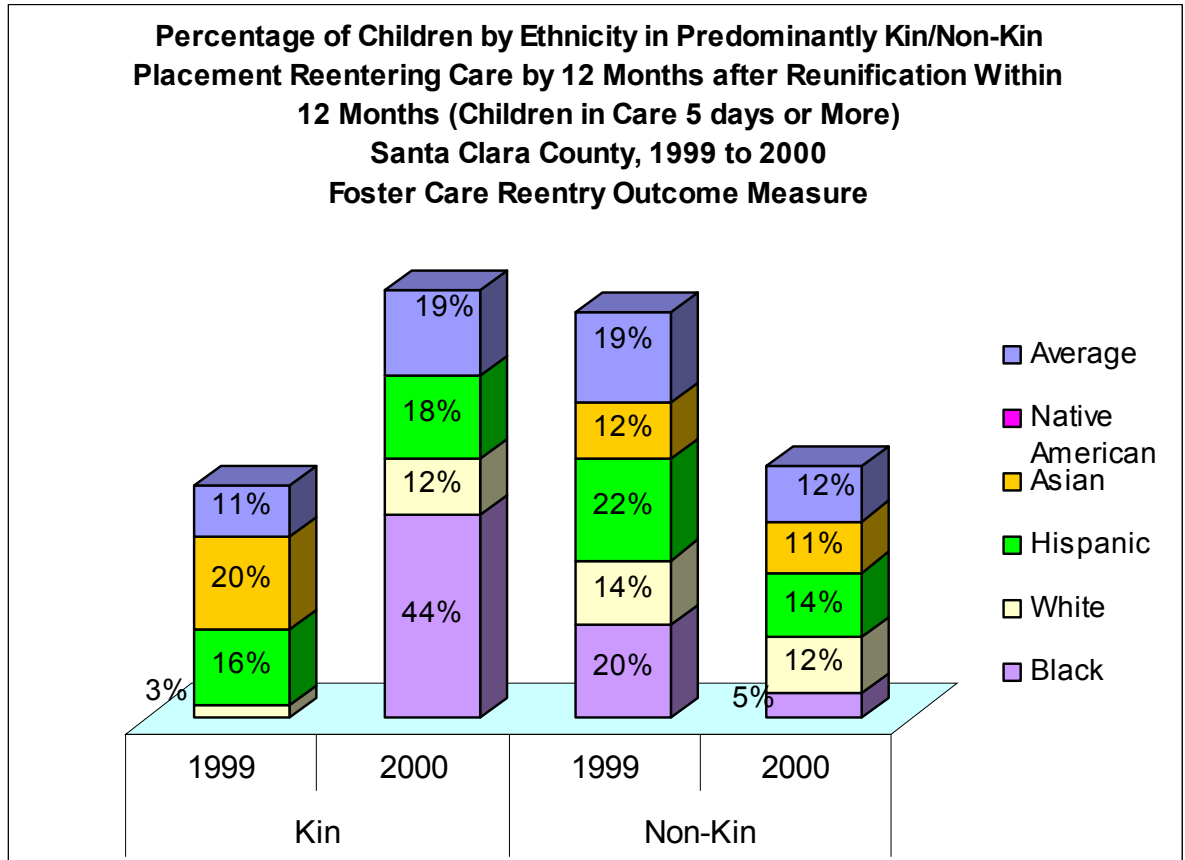
**14B. Number and Percentage of Children by Ethnicity in Predominantly Kin/Non-Kin Placement Reentering Care by 12 Months after Reunification Within 12 Months from Their First Entry into Care in Santa Clara County (Children in Care 5 days or More)**

<b>Number of Children by Ethnicity in Predominantly Kin/Non-Kin Placement Reentering Care by 12 Months after Reunification Within 12 Months from Their First Entry into Care (Children in Care 5 days or More)</b>				
	<b>Kin</b>		<b>Non-Kin</b>	
<b>Ethnicity</b>	<b>1999</b>	<b>2000</b>	<b>1999</b>	<b>2000</b>
<b>Black</b>	0/2	7/16	7/35	2/37
<b>White</b>	1/33	3/25	12/88	12/103
<b>Hispanic</b>	8/51	13/73	44/196	27/194
<b>Asian</b>	1/5	0/10	5/41	6/57
<b>Native American</b>	0/0	0/0	0/1	0/4
<b>Total</b>	10/91	23/124	68/361	47/395
Number of reentries/Number of reunifications within 12 months.				

<b>Percentage of Children by Ethnicity in Predominantly Kin/Non-Kin Placement Reentering Care by 12 Months after Reunification Within 12 Months from Their First Entry into Care (Children in Care 5 days or More)</b>				
	<b>Kin</b>		<b>Non-Kin</b>	
<b>Ethnicity</b>	<b>1999</b>	<b>2000</b>	<b>1999</b>	<b>2000</b>
<b>Black</b>	0%	44%	20%	5%
<b>White</b>	3%	12%	14%	12%
<b>Hispanic</b>	16%	18%	22%	14%
<b>Asian</b>	20%	0%	12%	11%
<b>Native American</b>	0%	0%	0%	0%
<b>Average</b>	11%	19%	19%	12%

Chart 14B on next page.

Chart 14B



## **APPENDIX B: SELF-ASSESSMENT ADDENDUM**

### **Background**

The Santa Clara County Department of Family and Children's Services conducted their June 2004 Self-Assessment in partnership with public and private agencies and community members. Community Dialogues were held in August 2003 and March 2004 to launch and describe the assessment process. Three smaller outcome workgroups were formed and met in March and April of 2004 to review and discuss detailed data. Additional small focus groups were held with targeted audiences. The workgroups reviewed and analyzed data on each outcome measure, including trends, comparisons and ethnic and age breakdowns. Group members discussed factors impacting each measure, and identified strengths and areas for improvement.

Data that was verified as impacting performance on the Self-Assessment was included in the final analysis. Subjective data is documented in this Self-Assessment addendum. It will be utilized to identify areas for further analysis and to identify strategies for inclusion into the next phase of the outcomes process, the County's Self-Improvement Plan.

# **The Number And Rate Of First Entries Into Foster Care /Overrepresentation Of Children Of Color**

## **Self-Assessment Findings-Subjective Analysis**

### **Information Systems Factors**

Subjective analysis suggested that more extensive background data available at the scene might be beneficial. It was also suggested that more data on the outcomes and impact of Voluntary Family Maintenance might increase the probability of its utilization.

### **Case Review and Planning Factors**

Subjective analysis suggested that better utilization of a decision-making tool, increased use of team decision-making at the front end of the case, more comprehensive referral processes to community-based agencies, more cultural and linguistic matching of staff to clients and a greater focus on prevention would be beneficial in impacting this measure.

### **Placement Resources**

Subjective analysis suggested that more relatives available to place children with while removal decisions were being made might be beneficial.

### **Quality Assurance Practices**

Subjective analysis suggested that a system to track and analyze removal decisions more effectively could provide critical information for developing strategies to impact this measure.

### **Service Array**

Subjective analysis suggested that a need for more adequate prevention services and barriers to access to mental health services for families could be impacting this measure.

### **Training Factors**

Subjective analysis suggested that more and better training for Social Workers, police, mandated reporters and others involved in response and early intervention could have a positive impact on this measure.

### **Collaboration with Other Agencies**

Some analysis suggests that improved collaboration and joint response with law enforcement could have a positive impact on this measure.

## **1A/1B: The Recurrence of Maltreatment**

### **Self-Assessment Findings-Subjective Analysis**

#### **Information Systems Factors**

No information system factor was discussed as impacting performance on this measure.

#### **Case Review and Planning Factors**

Subjective analysis suggests that reduced caseloads, better utilization of a decision-making tool, and increased use of team decision making would be beneficial to impacting this measure.

#### **Placement Resources**

No placement resources factor was discussed as impacting performance on this measure.

#### **Quality Assurance Practices:**

Subjective analysis suggested that closer scrutiny of reasons for recurrence by allegation type and analysis of recurrence based on previous services received may be helpful in determining strategies for improvement.

#### **Service Array:**

Subjective analysis suggested that more support services and aftercare services for families would be beneficial to impacting this measure.

#### **Training Factors:**

Subjective analysis suggested that training for mandated reporters that included an emphasis on reporting children who are already in the system might identify additional recurrence incidents

#### **Collaboration With Other Agencies**

No collaboration factor was discussed as impacting performance on this measure.



## **1C: The Rate of Child Abuse and/or Neglect in Foster Care**

### **Self Assessment Findings – Subjective Analysis**

#### **Information Systems Factors**

No information system factor was discussed as impacting performance on this measure.

#### **Case Planning and Review Factors**

No case planning and review factors were discussed as impacting performance on this measure.

#### **Placement Resources**

Subjective analysis suggested that sound practices for foster home recruitment, licensing and retention play a role in the stability of this measure. County supports to foster parents, including establishment and maintenance of a Foster Parent Resource Center, contribute to a safe and effective pool of foster homes.

#### **Quality Assurance Factors**

No quality assurance factor was discussed as impacting performance on this measure.

#### **Service Array Factors**

No service array factor was discussed as impacting performance on this measure.

#### **Training Factors**

No training factor was discussed as impacting performance on this measure.

#### **Collaboration with Other Agencies**

Subjective analysis suggested that Santa Clara County maintains a positive and communicative relationship with the County Foster Homes and Foster Family Agencies serving the area.

## **2A: The Rate of Recurrence Where Children were not Removed**

### **Self Assessment Findings – Subjective Analysis**

#### **Information Systems Factors**

No information system factor was discussed as impacting performance on this measure.

#### **Case Review and Planning Factors**

Subjective analysis suggested that increased legal and community pressure to preserve families in the home might impact performance on this measure. Better utilization of decision making tools, lower caseloads for Social Workers and the resulting increase in time available to monitor families were noted as factors that would be beneficial.

#### **Placement Resource Factors**

No placement resource factor was discussed as impacting performance on this measure.

#### **Quality Assurance Practices**

Subjective analysis suggested that closer scrutiny of reasons for recurrence by allegation type and analysis of recurrence based on previous services would be beneficial in impacting this measure.

#### **Service Array**

Subjective analysis suggested the availability of more preventive and supportive services to families in the community could help reduce this number. It was noted that Santa Clara County is fortunate to have a limited availability of contracted community-based services for families who come to the attention of the Department of Family and Children's Services.

#### **Training Factors**

Subjective analysis suggested that better Social Worker knowledge of community-based resources available to support families would be beneficial.

#### **Collaboration with Other Agencies**

Subjective analysis suggested that many community partners have expressed interest in providing services to families to prevent recurrence.

## **2B: Child Abuse Referrals with a Timely Response**

### **Self Assessment Findings – Subjective Analysis**

#### **Information Systems Factors**

Subjective analysis suggested that further clarification of policies and procedures for data entry would be beneficial, particularly for continuing workers.

#### **Case Review and Planning Factors**

Subjective analysis suggested that lower caseloads and standardization of referral processes would be beneficial in improving performance on this measure.

#### **Placement Factors**

No placement factor was discussed as impacting performance on this measure.

#### **Quality Assurance Practices**

Subjective analysis suggested that monitoring compliance with timelines for immediate and 10-day response would be beneficial.

#### **Service Array**

No service array factor was discussed as impacting performance on this measure.

#### **Training Factors**

Subjective analysis suggested that staff training on data entry, particularly for continuing workers would be beneficial.

#### **Collaboration with Other Agencies**

Subjective analysis suggested that procedures for joint response with law enforcement could help standardize referral and response process.

## **2C: Timely Social Worker Visits with the Child**

### **Self Assessment Findings – Subjective Analysis**

#### **Information Systems Factors**

Subjective analysis suggested that further clarification of policies and procedures for data entry would be beneficial to improving performance on this measure.

#### **Case Review and Planning Factors**

Subjective analysis suggested that lower caseloads and fewer out of county placements would be beneficial in improving performance on this measure.

#### **Placement Resources**

Subjective analysis suggested that fewer out of county placements, as noted above, would be beneficial in impacting performance on this measure.

#### **Quality Assurance Practices**

Subjective analysis suggested that monitoring compliance with visits would be beneficial.

#### **Service Array**

No service array factor was discussed as impacting performance on this measure.

#### **Training Factors**

Subjective analysis suggested that staff training on data entry, particularly for continuing workers would be beneficial.

#### **Collaboration Factors**

No collaboration factor was identified as impacting performance on this measure.

### **3E, 3A: Length of Time to Exit Foster Care to Reunification**

#### **Information Systems Factors**

No information system factor was discussed as impacting performance on this measure.

#### **Case Review and Planning Factors:**

Subjective analysis suggested that Team Decision Making, reduced caseload sizes and the use of parent advocates may positively impact this measure.

#### **Placement Resources**

Subjective analysis suggested that more and earlier clarification of the goals of concurrent planning to foster families may be beneficial.

#### **Quality Assurance Practices**

Subjective analysis suggested that review of re-entries to assess patterns in reunification failures would be beneficial.

#### **Service Array**

Subjective analysis suggested that the availability of more family strengths-based services including crisis counseling and medical and other support services are helpful in strengthening reunification efforts and maintaining reunification.

#### **Training Factors**

Subjective analysis suggested that increased Social Worker knowledge regarding community resources and how to access them would be beneficial.

#### **Collaboration with Other Agencies**

Subjective analysis suggested that stronger linkage to Mental Health Systems of Care and automatic eligibility at entry into the system for all children would be beneficial.

#### **Economic:**

Subjective analysis suggested that many birth parents and resource families must work full-time to make ends meet in this high-cost-of-living area. This makes it challenging to attend visitations, Team Decision Making meetings, hearings, and treatment and other appointments. High housing prices challenge foster and relative families in being able to provide adequate housing for children.

## **3D, 3A: Length of Time to Exit Foster Care to Adoption**

### **Self Assessment Findings – Subjective Analysis**

#### **Information Systems Factors**

No information system factor was discussed as impacting performance on this measure.

#### **Case Review and Planning Factors:**

Subjective analysis suggested that more clarification regarding the concurrent plan at the beginning of the process, more active involvement of parents and children in case planning and more communication and opportunities for face to face meetings with resource families and parents may be beneficial in impacting this measure.

#### **Placement Resources:**

Subjective analysis indicates that relatives may be hesitant to adopt because of cultural values related to family member roles. Additional subjective findings related to a lack of affordable housing as a possible negative impact on adoption placements and that more and earlier clarification of the goals of concurrent planning should be made to foster families.

#### **Quality Assurance Factors**

No quality assurance factor was discussed as impacting performance on this measure.

#### **Service Array**

No service array factor was discussed as impacting performance on this measure.

#### **Training Factors**

Subjective data suggested that “Pride” trainings given to foster families are very effective and may be more strongly encouraged for relative caregivers.

#### **Collaboration With Other Agencies**

No collaboration factor was discussed as impacting performance on this measure.

## **3B, 3C: Multiple Foster Care Placements**

### **Self Assessment Findings – Subjective Analysis**

#### **Information Systems Factor**

No information system factor was discussed as impacting performance on this measure.

#### **Case Planning and Review Factors:**

Subjective analysis suggested that the implementation of Team Decision Making and greater sharing of information about children's needs and behaviors among all concerned parties would positively impact performance on this measure.

#### **Placement Resource Factors:**

Subjective analysis suggested that there are not enough homes for special placement needs, particularly for large sibling groups, pre-adolescents and adolescents experiencing severe emotional and behavioral issues, and that increased assistance for foster families and relative caregivers might help improve this measure.

#### **Quality Assurance Practices**

Subjective analysis suggested that a process in place to assess the quality of care provided and address performance issues among providers would be beneficial.

#### **Service Array:**

Subjective analysis suggested that existing supports to caregivers, like the Foster Parent Resource Center and the Grandparent Resource Center are beneficial and that improved access to Systems of Care might positively impact this measure.

#### **Training Factors**

Subjective data suggested that "Pride" trainings given to foster families are very effective and may be more strongly encouraged for relative caregivers

#### **Collaboration with Other Agencies**

Subjective analysis suggested that regular planning and oversight meetings that occur among Department staff, Mental Health staff and community providers are very helpful in decreasing potential placement changes. The Continuum of Care partnership was noted as strengthening the capacity building for agencies to develop resources for older youth and sibling groups. Sharing data with placement partners to enable them to do targeted recruitment for sibling groups was also noted as beneficial.

## **3F, 3G: The Rate of Foster Care Re-Entry**

### **Self Assessment Findings – Subjective Analysis**

#### **Information Systems Factors**

No information system factor was discussed as impacting performance on this measure.

#### **Case Review and Planning Factors**

Subjective analysis suggested that more effective use of a decision-making tool, better referral processes to community-based services, availability of the Family Drug Court and Family Resource Centers have a positive impact on this measure. Family conferencing was cited as a strategy to plan for reunification and assess support and determine if aftercare services are needed.

#### **Placement Resources**

Subjective analysis suggested that more ongoing communication between birth parents and foster families, through Team Decision Making or other methods, would positively impact this measure. Foster parents and Parent Advocates were noted as resources that could help stabilize and mentor parents after reunification.

#### **Quality Assurance Practices**

Subjective analysis suggested that reviews to detect patterns of recurrence would be beneficial.

#### **Service Array**

Subjective analysis suggested that more drug treatment and aftercare services, childcare and transportation to services might positively impact this measure.

#### **Collaboration with Other Agencies**

Subjective analysis suggested that more coordination and collaboration among service providers would be beneficial.



## **4A: Siblings Placed Together**

### **Self Assessment Findings – Subjective Analysis**

#### **Information Systems Factors**

No information system factor was verified as impacting performance on this measure.

#### **Case Review and Planning Factors:**

Subjective analysis suggested that Team Decision Making and Family Conferencing may also help prevent sibling separations and maintain sibling connections. Use of these joint decision making processes improves communication and makes for informed decision making in the best interests of the children.

#### **Placement Resources:**

Subjective analysis suggested that the high cost of living plays a role in limiting the availability of homes in Santa Clara County, particularly those large enough to accommodate sibling groups. Additional subjective findings suggested that licensing regulations can be a barrier to accommodating sibling groups, and that access to Wraparound and Systems of Care services may be beneficial to impacting this measure.

#### **Quality Assurance**

No quality assurance factor was discussed as impacting performance on this measure.

#### **Service Array:**

Subjective analysis suggested that caregivers need more support services to enable them to accommodate large sibling groups.

#### **Training Factors**

No training factor was discussed as impacting performance on this measure.

#### **Collaboration with Other Agencies**

Subjective analysis suggested that increased collaborative efforts among the Department, Systems of Care, foster homes and agencies and group homes could help improve this measure. Within Team Decision Making and Family Conferences, collaborating with relative homes and non-relative resource homes to maintain sibling contacts when siblings are placed separately would also be beneficial. Continued collaboration with community partners to build greater capacity for sibling placements would be beneficial as well.

## **4B: Foster Care Placement in Least Restrictive Settings**

### **Self Assessment Findings – Subjective Analysis**

#### **Information Systems Factors**

No information system factor was discussed as impacting performance on this measure.

#### **Case Review and Planning Factors**

Subjective analysis suggested that lower caseloads, more active engagement of youth in placement planning, increasing relative placements and intensive support and home services for caregivers would be beneficial in impacting performance on this measure.

#### **Placement Resources**

Subjective data suggests that the capacity of local resource homes to deal with children with differing needs varies greatly and that the expectations and preconceptions of resource families need to be clarified from the beginning. It was also noted that the Department of Family and Children's Services and Probation Department make good use of the community treatment facility, Starlight (RCL 14). Fewer incentives and lower reimbursement rates for relatives were noted as an issue that may impact this measure.

#### **Quality Assurance Practices**

Subjective analysis suggests that the Department of Family and Children's Services Placement Review Committee which screens children going from foster care to a higher level of care and the Resources and Intensive Services Committee which reviews all level 13 and 14 placements are essential in placing children in the least restrictive settings.

#### **Service Array**

Subjective data suggests that, although this county enjoys many resources to support children and families in placement settings, more is needed. This includes a greater diversity and capacity of community based services, more consistent Mental Health screening and assessment, daycare, transportation and other services to remove barriers to access supportive services.

#### **Training Factors**

No training factor was discussed as impacting performance on this measure.

#### **Collaboration with Other Agencies**

Subjective data suggests that weekly Resource and Intensive Services Committee meetings between the Department of Family and Children's services, Probation Department, education and service providers to review placement options for high-needs children has been beneficial in placing and maintaining children in less restrictive placements. In addition collaboration with the Regional Centers for placements of the developmentally disabled population was thought to be beneficial to this measure.

## **4E: The Rate of ICWA Placement Preferences**

### **Self Assessment Findings – Analysis**

#### **Information Systems Factors**

Subjective analysis suggested that local Native American providers may not be adequately identified due to the current licensing practice of identifying only primary ethnicity.

#### **Case Review and Planning Factors**

Subjective analysis suggested that children of Native American heritage may not always be identified early in the process, particularly since some Native Americans are hesitant to disclose their heritage.

#### **Placement Resources**

Subjective analysis suggested that collaboration with two Foster Family Agencies in Alameda that place only Native American children has been beneficial. At the current time, only one foster home is known as a potential placement resource for children of Native American heritage. More local Native American resource home recruitment and/or better identification of Native American status in databases may be beneficial.

#### **Quality Assurance Factors**

No quality assurance factor was discussed as impacting performance on this measure.

#### **Service Array**

Subjective analysis suggested that more community-based services are needed. The primary local resource is the American Indian Health Center. The center provides a comprehensive range of services. There are a few other small local programs targeting Native Americans, including one educational program.

#### **Training Factors**

Subjective analysis suggested that intensive County Counsel training on the Indian Child Welfare Act and Native American history has been beneficial. Analysis also suggested that Social Worker training on Indian Child Welfare Act identification, case management and data entry would be beneficial.

#### **Collaboration with Other Agencies**

Subjective analysis suggested that collaboration with two Alameda County Foster Family Agencies that recruit Native American Providers and place Native American children has been beneficial.

## **8A: Children Transitioning to Self-Sufficiency**

### **Self Assessment Findings – Subjective Analysis**

#### **Information Systems Factors:**

Subjective analysis suggested that Independent Living Program figures are of questionable accuracy. The program did not have an electronic database until October 2002. Figures are based on self-reporting from providers. Providers did not report children by name until October 2002, so tracking youth outcomes on a case-by-case basis was impossible until that time. There is no mechanism in place to track outcomes for children once they leave the child welfare system, typically at age 18. Therefore, achievements in high school graduation, Graduate Education Degree completion, college enrollment, employment and housing after age 18 are difficult to obtain, except through intensive, enhanced data collection methods.

#### **Case Review and Planning Factors:**

Subjective analysis suggested that universal referrals to the Independent Living Program for all children 15 1/2 and older would be beneficial and that the impact of the recent state requirement that referrals to the Independent Living Program be made only by Social Workers or Probation workers should be assessed. More emancipation conferences and universal educational assessments were noted as factors that would be beneficial in improving performance on this measure.

#### **Placement Resources**

Subjective analysis suggested that it is more challenging to ensure children in group homes receive full access to services and that transportation is a barrier. It was also noted that children in relative homes may be more fully utilizing Independent Living Program services.

#### **Quality Assurance Factors**

No quality assurance factor was discussed as impacting performance on this measure.

#### **Service Array:**

Subjective data suggested that it would be beneficial to have more cultural diversity and language capability among providers.

#### **Training Factors**

Subjective analysis suggested that more training and information on Independent Living Program referrals and services are needed for all individuals involved: children, Social Workers, Child Advocates, Attorneys, etc.

#### **Collaboration Factors**

No collaboration factor was discussed as impacting performance on this outcome.

## **APPENDIX C: SAN JOSE STATE UNIVERSITY FINDINGS**

BOOKMARK NOT DEFINED.

In 2000, the Santa Clara County Social Services Agency contracted with the Child Welfare Research Team in the College of Social Work at San Jose State University to conduct a three-year study to further assess the disproportionate representation of children of color in the Department of Family and Children's Services. Methodology included case record reviews and key informant interviews. The closed case sample included reviews for cases closed between January 2000 and June 2001. Study findings are included below:

### **Reporting**

A significant relationship exists between reporters of abuse and neglect and ethnicity. Blacks were much more likely to be reported by medical personnel and Hispanics by school staff than Whites or Asians.

### **Referrals**

The incidence per 1000 of Department of Family and Children's services referrals in 2002 was 110 for Blacks, 62 for Hispanics, 31 for Whites, 17 for Asians and 61 for Native Americans<sup>1</sup>. The percentage of all Department of Family and Children's Services referrals for children of Hispanic origin ranged between 51% and 54% between 1999 and 2002, increasing slightly over the time period. Referrals for Blacks remained stable at 8% of all referrals and for Asians at 11% of all referrals. The percentage of referrals for Whites declined from 30% to 27% with a 1% decline each year.

### **Substantiated Referrals**

Blacks at 19% had the highest substantiation rates for referrals in 2002, followed by Hispanics at 16% and Whites and Asians at 14%. Substantiation rates declined for Blacks and Hispanics from 1999 to 2002 and remained relatively stable for Whites and Asians.

### **Removal Reasons**

There was a significant relationship between removal reason and ethnicity, with Whites having the highest percentage of other maltreatment, Hispanics with the highest percentage of general neglect, Blacks a slightly higher rate of severe neglect and Asians with a very high rate of physical abuse.

### **General Family-Related Factors**

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<sup>1</sup> All other findings for Native Americans are not statistically significant and will not be cited due to the small numbers of Native Americans in the Santa Clara County CWS.

No statistically significant relationship was found between ethnicity, domestic violence, income problems and generational Department of Family and Children's Services involvement.

#### Number of Siblings

A significant relationship was found between the number of siblings and ethnicity. Blacks and Latinos had larger sibling groups, both in the community and the Department of Family and Children's Services.

#### Perpetrator's Relationship to the Child

A significant relationship was found between the child's ethnicity and relationship to the perpetrator. The relationship was most notable for Black children, with 60% of cases involving the mother only. In comparison, White, Hispanic and Asian/Pacific Islander cases involved a combination of perpetrators (mothers, fathers and others): Whites (49%), Hispanics (50%) and Asians (50%).

#### Maternal Factors

A significant relationship was found between ethnicity and several important maternal characteristics:

- History of maternal incarceration: Twenty percent of Black mothers had a history of incarceration, as compared 10.6% for Latinos, 7.4% for Whites and 6.5% for Asian Pacific Islanders.
- Maternal education levels: 65% of Asian Pacific Islander mothers had less than a high school education, compared to 58% of Hispanic mothers, 41% of Black mothers and 39% of White mothers
- Maternal substance abuse: A high proportion of mothers overall were substance abusers (55% of all sampled cases). 62% of Black mothers, 56% of White mothers, 55% of Hispanic mothers and 29% of Asian Pacific Islander mothers were reported as having problems with substance abuse.

#### Child Characteristics

A significant relationship was found between ethnicity and several child characteristics:

- Child's ethnicity and language: 79% of Hispanic children spoke English as opposed to more than 99% of Blacks and Whites and 59% of Asians. No Black or White children required translators in court proceedings. Six percent of Hispanics and 3% of Asian children required assistance.
- Blacks and Latinos and Asians were less likely to have behavioral problems than Whites.
- Whites and Latinos were more likely to have an identified mental health problem than Blacks and Asians.

## **APPENDIX D: SELF-ASSESSMENT SUMMARY**

### ***V. Summary Assessment***

#### **A. Discussion of System Strengths and Areas in Need of Improvement**

##### **1. Children are, first and foremost, protected from abuse and neglect**

**Strengths:** Santa Clara County enjoys many strengths to help achieve this outcome. Prevention programs are in operation throughout the County and funding commitments from public and private sources remain fairly stable, even in challenging economic times. A competent and culturally diverse community-based provider pool and a strong public health department, along with other agencies, assure that services are available to families in Santa Clara County. Implementation of Greenbook Project practices help ensure that children in families suffering from domestic violence are protected. The Department's Early Intervention Unit and Weekend Diversion Unit are other strengths as well as prevention partnerships with other public and private agencies.

Through Promoting Safe and Stable Families, its Family Strengths-Based Services Program, the County has committed resources to provide in-home support services to families experiencing difficulties, but for whom no dependency petition is filed. These programs stand ready to provide the foundation of the County's differential response component for low-risk families.

Additionally, the County's commissioning of a three-year research study on overrepresentation of children of color in the child welfare system represents the commitment and willingness to invest in solutions to this complex problem.

The Department of Family and Children's Services reorganization includes an expanded focus on prevention. There is even greater emphasis on community collaboration and involvement and utilization of the Department's Family Resource Centers. Case processing practices that maximize opportunities for diversion, differential response, and community resource utilization have been developed. These changes have taken place since the end of the June 2003 baseline measurement.

**Areas needing improvement:** Some strategies are already in place to reduce the overrepresentation of families of color in the child welfare system, but more are needed. More community-based, culturally-specific family strengths-based services are needed. Providing early intervention through Team Decision Making will help identify family strengths and strategies for protecting children. Regarding community-wide prevention efforts, more collaboration and coordination is needed. Most programs today operate in isolation of one another.

Social work staff responding to family crises are not often aware of all of the community resources available to strengthen and support families. Cross training and information exchange among existing prevention resources is needed. Provision of information to diverse populations in a way that is culturally appropriate and understandable, particularly for new and small immigrant groups, is needed.

**System Improvement Plan measures:** Reduction in the rate of first entry into foster care, the timeliness of response to child abuse and neglect referrals, and the timeliness of social worker visits will be included as System Improvement Plan measures. Help from California Department of Social Services may include clear leadership and effective State-County collaboration in the implementation of California's Child Welfare Systems Redesign, specifically differential response, standardized assessment, and Child Welfare Service/Case Management System policy clarifications and needed upgrades.

## **2. Children are maintained safely in their homes whenever possible and appropriate**

**Strengths:** Implementation of Family to Family practices is a strength in Santa Clara County. Establishment of Team Decision Making is of particular benefit to this outcome. Furthermore, the Department of Family and Children's Services shows many strengths in the use of Voluntary Family Maintenance, Voluntary Family Reunification, and Informal Supervision services, the Department's Family Resource Centers, interventions by Emergency Response social workers, and contracts with community-based providers such as the YMCA to provide in-home services.

The Department of Family and Children's Services reorganization includes an expanded focus on maintaining children safely in their homes when possible and appropriate. There is even greater emphasis on community collaboration and involvement and utilization of the Department's Family Resource Centers. Case processing practices that maximize opportunities for diversion, differential response, and community resource utilization have been developed. Increased joint response has been implemented with the San Jose Police Department to ensure the presence of a Social Worker. The formation of a joint decision making unit and relative unit and the expansion of Team Decision Making will result in further improvements. These changes have taken place since the end of the June 2003 baseline measurement.

**Areas for improvement:** More effective and targeted training for mandated reporters, more collaboration with schools to work together to promote family stability, greater availability of community-based, culturally-specific family strengths-based services, including those offering in-home services, more Social Worker and less law enforcement presence in the initial investigation; and a better understanding of the high number of removals for four days or less. In addition, a



more robust implementation and staff training on Structured Decision Making is needed

**3. Children have permanency and stability in their living situations without increasing re-entry into foster care.**

**Strengths:** The Department of Family and Children Services' commitment to and strong departmental value on relative placements is increasing placement stability. Support for foster families, through financial assistance, child care support, support from the Resource Support Team, maintenance of a Foster Parent Resource Center and a strong adoptions program are believed to be improving permanency. Collaborative training among the court, attorneys and the Department of Family and Children's Services are also helping promote strategies that improve permanency and stability. Longtime departmental implementation of Family Group Conferencing is also a strength and contributes greatly to permanency. Drug Court, residential drug treatment programs, Family Resource Center services, including Parent Advocates, strengthen reunification successes and prevent re-entry into foster care.

The Department of Family and Children's Services reorganization includes an expanded focus on permanency and stability. The creation of a relative unit, formation of a joint decision making unit, implementation and expansion of Team Decision Making, integration of Team Decision Making, relative and placement processes and plans to address concurrent planning in Family Conferences and Team Decision Making, and the establishment of the Resource Family Support Team all support permanency. Dual licensure and community-based recruiting support permanency as well. Policies and practices of the past year to reduce reliance on the Children's Shelter have successfully improved placement stability. This has resulted in a dramatic reduction in the Shelter daily census, from over 100 children to a steady range of 25-35 children. The number of admissions to the Shelter also declined, from 1,953 in 2002 to 1,547 in 2003. In addition, the recent establishment of parent orientations across the County for parents new to the system and efforts to connect family with more aftercare services will prove to be strength. These changes have taken place since the end of the June 2003 baseline measurement.

**Areas for improvement:** More drug and alcohol treatment services are needed to improve reunification. Reliable and long-term aftercare services are needed to support successful family reunification. Availability of more and more specialized mental health services for children and families, specifically behavioral management services, would also improve outcomes in permanency and stability. Once again, re-evaluation and stronger implementation of a decision-making tool may help improve permanency and stability. Foster parents and relative caregivers need better information about and access to support services. More emphasis on concurrent planning would improve performance on this measure.

**System Improvement Plan measures:** Improved placement stability and reduction in the rate of foster care re-entries will be included as System Improvement Plan measures. Help from California Department of Social Services may include clear leadership and effective state-county collaboration in the implementation of California's Child Welfare Systems Redesign, specifically standardized assessment.

**4. The family relationships and connections of the children served by the Department of Family and Children Services will be preserved, as appropriate.**

**Strengths:** Implementation of Family Group Conferencing and Team Decision Making offer great venues for the preservation of relationships. Family Resource Centers, visitation centers, and the establishment of Family to Family Community Action Teams also facilitate the maintenance of children's connections to their families and loved ones. Availability of Wraparound services and Systems of Care are also a strength. Increasing success by the Department at placing children with relatives is a strength.

**Areas for improvement:** More resources for visitation are needed. Use of Systems of Care services needs to be increased. Support to foster families and relative caregivers with transportation and financial resources to accommodate large sibling groups is also needed.

**5. Children receive services adequate to their physical, emotional and mental health needs**

**Strengths:** The Department of Family and Children's Services collaboration with the Child Health and Disability Prevention Program through the Health Care Program for Children in Foster Care has been improving. The placement of five Child Health and Disability Prevention Public Health Nurses in the Department of Family and Children's Services, the regular appearance of System of Care services providers at the Department of Family and Children's Services, and the location of a multidisciplinary team of medical, mental health and drug and alcohol staff at the Children's Shelter and Assessment Center are strengths in meeting the needs of children in the system. The availability of Wraparound services and intensive case management like that offered in the Family Strengths-Based Services programs are also strengths.

The assignment of a Program Manager to improve collaboration with the Health Department, perform an assessment and develop a corrective action plan for the Health Care Program for Children in Foster Care has resulted in improvements since the end of the June 2003 baseline measurement.

**Areas for improvement:** More coordination and cross training is needed between social work staff, public health, and mental health staff. With increased coordination, more and better referrals could be made for families to services. The multi-disciplinary team at the Children's Shelter and Assessment Center could also be better utilized to meet the needs of children and families in the child welfare system. Similarly, with community-based resources, more coordination and cross-training is needed to assure that social workers in the field have full knowledge of the community resources available to serve children and families who may be struggling, but for whom an allegation of child abuse and neglect is unfounded. Additional issues include the availability of mental health providers for infants and toddlers and providers that are not trained in issues that impact children in foster care, such as Reactive Attachment Disorder and behavior management.

**System Improvement Plan measures:** To reduce the rate of first entry into foster care, stabilize placements and prevent re-entry, strategies involving improved coordination of services to meet the physical, emotional and mental health needs of children will be utilized. The identification of unmet mental health needs in the self assessment process has resulted in plans to form a working group with Mental Health to address those issues.

## **6. Children receive services appropriate to their educational needs**

**Strengths:** The County's investment in the Educational Rights Project, private investment in college scholarships and mentoring, and the County's Independent Living Program are strengths in assuring that children's educational needs are met. The County Office of Education's Foster Youth Services program is a strength in assuring educational needs are met for youth in group homes. The Court, Child Advocates, the Department of Family and Children's Services administration and social work staff and educators are all keenly aware of the need to encourage and work toward educational stability and success for children. Emancipation conferences, Team Decision Making, the presence of a local California Youth Connection chapter and other youth involvement activities are strengths in the County.

**Areas for improvement:** More information and education regarding Independent Living Program services is needed to assure earlier and universal referral to the Independent Living Program and greater utilization. Increased cultural diversity of Independent Living Program providers is also needed.

**System Improvement Plan measures:** A reliable measurement for this outcome has not yet been identified by the State. Help from California Department of Social Services in establishing a meaningful and reliable measure is needed.

**7. Families have enhanced capacity to provide for their children's needs.**

**Strengths:** For families in the system, greater reliance on relatives for placement, improved foster parent-birth parent communication through and implementation of Family to Family principles, Family Group Conferencing, Drug Court, the use of Parent Advocates, Family Resource Centers, and availability of Wraparound services are strengths. For families who are struggling, but for whom no substantiated allegation of child abuse and neglect is found, an array of community-based services and Promoting Safe and Stable Families programs are a strength.

The Department of Family and Children's Services reorganization focus on prevention will result in further enhancements on the capacity of families to provide for their children's needs. There is greater emphasis on community collaboration and involvement and utilization of the Department's Family Resource Centers. Case processing practices that maximize opportunities for diversion, differential response and community resource utilization have been developed.

**Areas for improvement:** More coordination and cross training is needed between social work staff, and public health and mental health staff. With increased coordination, more and better referrals could be made for families to services. Similarly, with community-based resources, more coordination and cross-training is needed to assure that social workers in the field have full knowledge of the community resources available to serve children and families who are struggling.

**System Improvement Plan measures:** Strategies that are strengths-based, community-based and culturally sensitive to enhance families' capacity will positively impact Santa Clara County System Improvement Plan measures of reduced first entry into foster care and overrepresentation of children of color, improved placement stability, and reduced rate of re-entry into foster care.

**8. Youth emancipating from foster care are prepared to transition to adulthood.**

**Strengths:** The Educational Rights Project, access to college scholarships and mentoring for foster youth, Foster Youth Services and Independent Living Program programs are strengths in the County. Transitional housing assistance, and a CalWorks- Department of Family and Children's Services partnership are also strengths. Emancipation conferences are noted to be useful in improving the transition to adulthood.

**Areas for improvement:** More information and education regarding Independent Living Program services is needed to assure earlier and universal referral to the program and greater utilization. Increased cultural diversity of program providers

is also needed. Greater capacity to perform emancipation conferences is also needed. Additionally, information and resources regarding transition are needed for children under 16.

**System Improvement Plan measures:** Better and earlier preparation of youth for transitioning to adulthood could help to increase placement stability and prevention of re-entry into foster care.